## UNITED STATES BANKRUPTCY COURT EASTERN DISTRICT OF NEW YORK

In re Absolut Facilities Management, LLC, et al.

Debtor

my knowledge and belief.

Case No. 19-76260 (AST) (Jointly Administered) Federal Tax I.D. #20-8471412

## INITIAL MONTHLY OPERATING REPORT

File report and attachments with Court and submit copy to the United States Trustee within 10 days after order for relief

Certificates of insurance must name United States Trustee as a party to be notified in the event of policy cancellation. Bank accounts and checks must bear the name of the debtor, the case number, and the designation "Debtor-in-Possession". Examples of acceptable evidence of debtor-in-possession bank accounts include voided checks, copy of bank deposit agreement/certificate of authority, signature card and/or corporate checking resolution.

REQUIRED DOCUMENTS	Document Attached	Explanation Attached
12-Month Cash Flow Projection (Form IR-1)	X	
Certificates of Insurance:	X	
Workers Compensation	X	
Property	X	
General Liability	X	
Vehicle	X	
Other:		
Evidence of Debtor in Possession Bank Accounts	X	
Tax Escrow Account		
General Operating Account		
Other:		
Other:		

Signature of Debtor	Date
Signature of Joint Debtor	Date
Signature of Authorized Individual*	10/21/2019 Date
Printed Name of Authorized Individual	CRO Title of Authorized Individual

I declare under penalty of perjury (28 U.S.C. Section 1746) that this report and the documents attached are true and correct to the best of

<sup>\*</sup>Authorized individual must be an officer, director or shareholder if debtor is a corporation; a partner if debtor is a partnership; a manager or member if debtor is a limited liability company.

United States Trustee Initial Reporting Requirements Documents

#### Attachment B - Insurance Expiration Statement

Coverage/Property Description	Insurance Type & Property Insured	Agent/Contact	Expiration	Paid Through	Policy Limits
Property	Allegany Aurora Park Gasport Orchard Brooke Orchard Park Three Rivers Westfield	Michael Schwimmer Grandview Brokerage, Inc. 1815 65th St, Brooklyn NY 11204 <u>t 718.333.1155 x 5001</u>	8.9.20	8.9.20	1,000,000
General Liability / Professional	Allegany Aurora Park Gasport Orchard Brooke Orchard Park Three Rivers Westfield	Michael Schwimmer Grandview Brokerage, Inc. 1815 65th St, Brooklyn NY 11204 <u>t 718.333.1155 x 5001</u>	9.8.20	9.8.20	1,000,000/3,000,000
Workers Comp	Allegany Aurora Park Gasport Orchard Brooke Orchard Park Three Rivers Westfield	Michael Schwimmer Grandview Brokerage, Inc. 1815 65th St, Brooklyn NY 11204 <u>† 718.333.1155 x 5001</u>	5.1.20	5,1.20	1,000,000
NYS Disability	Allegany Aurora Park Gasport Orchard Brooke Orchard Park Three Rivers Westfield	Michael Schwimmer Grandview Brokerage, Inc. 1815 65th St, Brooklyn NY 11204 <u>t 718.333.1155 x 5001</u>	12.31.20	12.31.20	
Crime	Allegany Aurora Park Gasport Orchard Brooke Orchard Park Three Rivers Westfield	Hayli Dunn TIS Insurance Services, Inc. 1900 N. Winston Road, Suite 100 Knoxville, TN 37919	3.15.20	3.15 20	500,000
Surety Bond	Allegany Aurora Park Gasport Orchard Brooke Orchard Park Three Rivers Westfield	Hayli Dunn TIS Insurance Services, Inc. 1900 N. Winston Road, Suite 100 Knoxville, TN 37919	2.1.20	2.1.20	25,000 140,000 30,000 45,000 100,000 30,000 30,000
Auto - transport Auto - cars	Allegany Aurora Park Gasport Orchard Brooke Orchard Park Three Rivers Westfield	Michael Schwimmer Grandview Brokerage, Inc. 1815 65th St, Brooklyn NY 11204 t 718.333.1155 x 5001	3.1.20 8.9 20	3.1.20 8.9.20	1,000,000 1,000,000
EPLI	Allegany Aurora Park Gasport Orchard Brocke Orchard Park Three Rivers Westfield	Michael Schwimmer Grandvlew Brokerage, Inc. 1815 65th St, Brooklyn NY 11204 t 718.333.1155 x 5001	8.24.20	8.24.20	1,000,000
Umbrella	Allegany Aurora Park Gasport Orchard Brooke Orchard Park Three Rivers Westfield	Michael Schwimmer Grandview Brokerage, Inc. 1815 65th St, Brooklyn NY 11204 t 718,333.1155 x 5001	9.8.20	9.8.20	5,000,000/5,000,000

#### Mattucci, Lisa

From:

Mattucci, Lisa

Sent:

Friday, September 20, 2019 6:29 AM

To:

Isaac Kleinman (Ikleinman@gvwins.com); Grandview Brokerage (rockoven@gvwins.com)

Cc:

Michael Schwimmer (michael@gywins.com); Sherman, Israel; Hoffman, Phil

Subject:

Absolut Insurance

Importance:

High

Hi all,

We are required to add to each insurance policy: "United States Trustee" as an additional notified party – not to list as additional loss payee.

I unfortunately need this today please.

Property, GL PL, EPLI, WC, DBL, Auto.

Thank you, Lisa

## **EVIDENCE OF COMMERCIAL PROPERTY INSURANCE**

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THIS EVIDENCE OF COI UPON THE ADDITIONAL I THE COVERAGE AFFOR THE ISSUING INSURER(S	NTEREST	NAMED BELOW	N. TH BEL	IIS E'	IDIV HT	ENC IIS	E I	DOES NOT A	AFF INS	IRMATIVEI	LY OR NEGATION	IVELY A	AMEND, EXTE	ND OR ALTER
PRODUCER NAME, CONTACT PERSON AND ADDRESS	PHONE EN	<sub>d):</sub> (718) 333-11	55					COMPANY	NAM	E AND ADDRE	SS		NAIC NO:	<del> </del>
CONTACT PERSON AND ADDRESS OF THE PROPERTY OF	_{\n\0,\10,\2	ч. С					_	Great American Insurance Comp						
	E-MAIL													
(A/C, No):	E-MAIL ADDRESS:									IF MULTIPLE C	OMPANIES, COMP	LETE SEI	PARATE FORM FOR	REACH
AGENCY ADDOCAC OF		SUB CODE:						POLICY TY						
AGENCY CUSTOMER ID #: ABSOFAC-01 NAMED INSURED AND ADDRESS Absolut Center LLC		ing and Rehabili	tatio	n at A	Alleg	jan	/,	<u> </u>	Property  LOAN NUMBER  POLICY NUMBER  MAC457352310					
Absolut at Alle 2178 North Fift Allegany, NY 1	gany h Street 4706							EFFECTIVE 6/7	DAT 7/20		EXPIRATION DATE 8/9/202		CONTINU	ED UNTIL TED IF CHECKED
ADDITIONAL NAMED INSURED(S)						•		THIS REPLA	ACES	PRIOR EVIDE	NCE DATED:		, <u>, , =</u>	
PROPERTY INFORMATION	I (ACOR	D 101 may be at	tach	ed if	mor	e sr	ac	e is require	d)	Х виігр	ING OR X E	BUSINE	ESS PERSON	AL PROPERTY
LOCATION / DESCRIPTION 2178 NORTH FIFTH STREE  THE POLICIES OF INSURANC ANY REQUIREMENT, TERM O BE ISSUED OR MAY PERTAIN, OF SUCH POLICIES. LIMITS SI	CE LISTED OR CONDITI	BELOW HAVE B ION OF ANY CONT RANCE AFFORDE	EEN I	SSUE FOR (	D TO	O TH ER I	IE II	NSURED NAM CUMENT WITH	1 RE	SPECT TO I	WHICH THIS EVI	DENCE	OF PROPERTY I	INSURANCE MAY
COVERAGE INFORMATION	<u> </u>	PERILS INSUR	ED.		BAS	SIC	Τ	BROAD	13	X SPECIAL				
COMMERCIAL PROPERTY COVI		_		<u> </u>	04,		.2:			or Lona	<u> </u>		DED: <b>5.000</b>	
				- 1	YES		Ė							
X BUSINESS INCOME RE	NTAL VALU	JE		İ	х			If YES, LIMI	T:		15,863,032	Actu	al Loss Sustained	l: # of months:
BLANKET COVERAGE					х			If YES, indic	ate	value(s) repo	rted on property i	dentified	l above; \$	4,245,434
TERRORISM COVERAGE							Х			e Notice / DE				
IS THERE A TERRORISM-SE	PECIFIC EX	CLUSION?				-	Χ							
IS DOMESTIC TERRORISM	EXCLUDED	)?				-	Χ						<u>.</u>	
LIMITED FUNGUS COVERAGE						•	Χ	If YES, LIMI	T:				DED:	
FUNGUS EXCLUSION (If "YES", s	specify orga	nization's form used	j) (t				Χ						•	
REPLACEMENT COST				Î	Х									
AGREED VALUE					Х									
COINSURANCE						Х		If YES,		%				
EQUIPMENT BREAKDOWN (If Ap	plicable)				X			If YES, LIMI	T:		4,075,099		DED:	5,000
ORDINANCE OR LAW - Coverage	e for loss to	undamaged portion	ı of ble	dg	Х			If YES, LIMI	T:		4,075,099		DED:	5,000
- Demolitic	on Costs				Х			If YES, LIMI	T:		1,000,000		DED:	5,000
- Incr. Cos	st of Constru	ıction			Х			If YES, LIMI	T:		1,000,000		DED:	5,000
EARTH MOVEMENT (If Applicable	3)				Х			If YES, LIMI	Т:		1,000,000		DED:	25,000
FLOOD (If Applicable)					Х			If YES, LIMI	Т:		1,000,000		DED:	25,000
WIND / HAIL INCL X YES		bject to Different Pro		_				If YES, LIMI	T:				DED:	
NAMED STORM INCL X YES	☐ NO Sub	bject to Different Pro	ovision	ns:				If YES, LIMI	T:				DED:	<u>.</u>
PERMISSION TO WAIVE SUBRO HOLDER PRIOR TO LOSS	GATION IN	FAVOR OF MORT	GAGE											
CANCELLATION														
SHOULD ANY OF THE DELIVERED IN ACCORDA	ABOVE NCE WITH	DESCRIBED P	ROV	IES ISION	BE 1S. 	CA 	NC	ELLED BEF	FOR	RE THE EX	(PIRATION DA	ATE TH	HEREOF, NOT	ICE WILL BE
ADDITIONAL INTEREST														
CONTRACT OF SALE MORTGAGEE	LENDER'S I	LOSS PAYABLE	Ш	LOSS	PAYE	EE		LENDER SER	VICI	NG AGENT NA	ME AND ADDRESS			
NAME AND ADDRESS														
Absolut Cer Allegany, LL		ırsing and Reha	bilita	tion a	at					· · ·				
2178 North I Allegany, N	Fifth Stree	et						AUTHORIZED	REF	PRESENTATIVE	metal	بالعار	MARKEL	

## **EVIDENCE OF COMMERCIAL PROPERTY INSURANCE**

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THIS EVIDENCE OF COMMERCIAL PROPERTY INSURAN UPON THE ADDITIONAL INTEREST NAMED BELOW. THIS E THE COVERAGE AFFORDED BY THE POLICIES BELOW THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE	VIDI . Th	ENC IIS I	E D	OES NOT AFFIRMATING	/ELY OR NEGATIVE E DOES NOT CONS	ELY AMEND, EXTEN TITUTE A CONTRA	ND OR ALTER				
PRODUCER NAME, CONTACT PERSON AND ADDRESS PHONE (A/C, No, Ext): (718) 333-1155				COMPANY NAME AND AD		NAIC NO:					
CONTACT PERSON AND ADDRESS (WG, NG, La).  Grandview Brokerage Corp 1815-65th Street Brooklyn, NY 11204				Great American Insurance Сотр							
Contact name:											
(A/C, No): E-MAIL ADDRESS:		_		IF MULTIPI	E COMPANIES, COMPLET	E SEPARATE FORM FOR	EACH				
CODE: SUB CODE:				POLICY TYPE							
AGENCY CUSTOMER ID #: ABSOFAC-01				Property		<del>_</del>	<u> </u>				
NAMED INSURED AND ADDRESS  Absolut Center for Nursing and Rehabilitation at  LLC	Aur	ora I	Parl	LOAN NUMBER		MAC457352310					
Absolut at Aurora Park 292 Main Street East Aurora, NY 14052				EFFECTIVE DATE 6/7/2019	EXPIRATION DATE 8/9/2020	CONTINUE	ED UNTIL ED IF CHECKED				
ADDITIONAL NAMED INSURED(S)				THIS REPLACES PRIOR EV	VIDENCE DATED:						
PROPERTY INFORMATION (ACORD 101 may be attached if	moi	re sı	oac	e is required) X BU	LDING OR X BU	SINESS PERSONA	AL PROPERTY				
LOCATION / DESCRIPTION 292 MAIN STREET, East Aurora, NY 14052, Absolut Center a THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSU ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE	ED T	uror O TH	a P	ARK NSURED NAMED ABOVE	TO WHICH THIS EVIDE	NCE OF PROPERTY I	NSURANCE MAY				
OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY	PAI	D CL	AIM	S.	SECT TO ALL THE TE	Timo, Exocociono x					
COVERAGE INFORMATION PERILS INSURED	ВА	SIC		BROAD X SPEC	DIAL						
COMMERCIAL PROPERTY COVERAGE AMOUNT OF INSURANCE: \$	104	,189	),25	<u></u>		DED: <b>5,000</b>	<u> </u>				
	YES	NO	N/A		·	<u> </u>					
■ BUSINESS INCOME	X			If YES, LIMIT:	15,863,032	Actual Loss Sustained	<u> </u>				
BLANKET COVERAGE	X			If YES, indicate value(s)	eported on property idea	ntified above: \$	44,157,206				
TERRORISM COVERAGE	Х			Attach Disclosure Notice	/ DEC						
IS THERE A TERRORISM-SPECIFIC EXCLUSION?			Х				<u> </u>				
IS DOMESTIC TERRORISM EXCLUDED?			X	<u> </u>		<u> </u>					
LIMITED FUNGUS COVERAGE			X	If YES, LIMIT:		DED:					
FUNGUS EXCLUSION (If "YES", specify organization's form used)			X								
REPLACEMENT COST		X		_		<u>-</u>	<del>_</del>				
AGREED VALUE	Х										
COINSURANCE	Х	_		If YES, %							
EQUIPMENT BREAKDOWN (If Applicable)	Х			If YES, LIMIT:	43,124,775	DED:	5,000				
ORDINANCE OR LAW - Coverage for loss to undamaged portion of bldg		X		If YES, LIMIT:	43,124,775	DED:	5,000				
- Demolition Costs	X	_		If YES, LIMIT:	1,000,000	DED:	5,000				
- Incr. Cost of Construction	X			If YES, LIMIT:	1,000,000	DED:	5,000				
EARTH MOVEMENT (If Applicable)	Х			If YES, LIMIT:	1,000,000	DED:	25,000				
FLOOD (If Applicable)		X	<u> </u>	If YES, LIMIT:	<u> </u>	DED:	. <u> </u>				
WIND / HAIL INCL X YES NO Subject to Different Provisions:			L.	If YES, LIMIT:	<u> </u>	DED:					
NAMED STORM INCL X YES NO Subject to Different Provisions:  PERMISSION TO WAIVE SUBROGATION IN FAVOR OF MORTGAGE HOLDER PRIOR TO LOSS				If YES, LIMIT:		DED:					
CANCELLATION											
SHOULD ANY OF THE ABOVE DESCRIBED POLICIES DELIVERED IN ACCORDANCE WITH THE POLICY PROVISION	BE ONS.	C/	ANC	ELLED BEFORE THE	EXPIRATION DAT	E THEREOF, NOT	ICE WILL BE				
ADDITIONAL INTEREST											
CONTRACT OF SALE LENDER'S LOSS PAYABLE LOSS MORTGAGEE	SS PA	YEE		LENDER SERVICING AGEN	T NAME AND ADDRESS						
NAME AND ADDRESS  Absolut Center for Nursing and Rehabilitation	1 24 1	∆.ue≠	)r=								
Park, LLC 292 Main Street East Aurora, NY 14052	, al /	rai C	,, ci	AUTHORIZED REPRESENTATIVE							
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## EVIDENCE OF COMMERCIAL PROPERTY INSURANCE

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THIS EVIDENCE OF COMMERCIAL UPON THE ADDITIONAL INTEREST THE COVERAGE AFFORDED BY THE ISSUING INSURER(S), AUTHO	NAMED BELOW. THIS	EVID W. TI	ENC HIS	EVII	OES NOT A	FFIRMATI NSURANO	IVELY C	R NEGATIVE S NOT CONS	LY AME	ND, EXTE	ND OR ALTER			
	xt): (718) 333-1155					IAME AND A		-		NAIC NO:				
Grandview Brokerage Corp 1815-65th Street Brooklyn, NY 11204	xu; v: 1	_			Great American Insurance Comp									
Contact name:														
FAX (A/C, No): E-MAIL ADDRESS:	·					IF MULTIF	LE COMP	ANIES, COMPLET	E SEPARA	TE FORM FOR	R EACH			
CODE:	SUB CODE:				POLICY TYP	Έ								
AGENCY CUSTOMER ID #: ABSOFAC-01					Property			<u>_</u>	<u> </u>					
NAMED INSURED AND ADDRESS Absolut Center for Nurs LLC	sing and Rehabilitation a	ıt Gas	port	t,	LOAN NUME	BER				NUMBER 57352310				
Absolut at Gasport 4540 Lincoln Drive Gasport, NY 14067					EFFECTIVE 6/7	DATE /2019	EXPI	RATION DATE 8/9/2020		CONTINU	ED UNTIL TED IF CHECKED			
ADDITIONAL NAMED INSURED(S)			THIS REPLA	CES PRIOR E	VIDENCE	DATED:								
PROPERTY INFORMATION (ACOI	2D 101 may be attached	if mo	re e	กลด	e is required	) [X] RI	III DING	OR X RU	SINESS	PERSON	AL PROPERTY			
LOCATION / DESCRIPTION 4540 LINCOLN DRIVE, Gasport, NY	14067, Absolut Cente	rat G	asp	ort	VSURED NAM	ED ABOVE	FOR TH	E POLICY PER	IOD INDIC	CATED. NO	TWITHSTANDING			
ANY REQUIREMENT, TERM OR CONDI BE ISSUED OR MAY PERTAIN, THE INSL OF SUCH POLICIES. LIMITS SHOWN MA	TION OF ANY CONTRACT ( IRANCE AFFORDED BY TH	OR OTH IE POL	IER ICIE	DOC S DE	SUMENT WITH ESCRIBED HE	RESPECT	TO WHIC	'H THIS EVIDEI	NCE OF I	PROPERTY	INSURANCE MAY			
COVERAGE INFORMATION	PERILS INSURED	ВА	SIC	$\Box$	BROAD	X SPE	CIAL							
COMMERCIAL PROPERTY COVERAGE AN	MOUNT OF INSURANCE:	\$ 104	,189	9,2	54				DEC	: 5,000				
<del></del>		YES	NO	N/A		-		_						
X BUSINESS INCOME RENTAL VAL	.UE	Х			If YES, LIMI	Т:	15,	363,032	Actual Lo	ss Sustained	d; # of months:			
BLANKET COVERAGE	<u> </u>	$\overline{\mathbf{x}}$			If YES, indic	ate value(s)	reported	on property ider	ntified abo	ve: \$	6,281,371			
TERRORISM COVERAGE		X			Atlach Disck	osure Notice	/ DEC		_					
IS THERE A TERRORISM-SPECIFIC E	XCLUSION?			Х										
IS DOMESTIC TERRORISM EXCLUDE	D?			Х	_									
LIMITED FUNGUS COVERAGE				Х	If YES, LIMI	T:				DED:				
FUNGUS EXCLUSION (If "YES", specify org	anization's form used)			Х										
REPLACEMENT COST	<del>-</del>	Х	Ì											
AGREED VALUE		Х								_				
COINSURANCE			X		If YES,	%				_				
EQUIPMENT BREAKDOWN (If Applicable)	<del>-</del>	Х			If YES, LIMI	T:	į	5,943,561		DED:	5,000			
ORDINANCE OR LAW - Coverage for loss	o undamaged portion of bidg	Х	Γ		If YES, LIMI	T:		,943,561		DED:	5,000			
- Demolition Costs		Х			If YES, LIMI	T:		,000,000		DED:	5,000			
- Incr. Cost of Const	ruction	Х		<b>T</b>	If YES, LIMI	T:	-	1,000,000		DED:	5,000			
EARTH MOVEMENT (If Applicable)		Х			If YES, LIMI	T:	•	,000,000		DED:	25,000			
FLOOD (If Applicable)	<del>-</del>	Х			If YES, LIMI	T:		1,000,000		DED:	25,000			
WIND / HAIL INCL X YES NO S	ubject to Different Provisions	:			If YES, LIM	T:				DED:				
	ubject to Different Provisions	_	T		If YES, LIMI	Т:	_			DED:				
PERMISSION TO WAIVE SUBROGATION I HOLDER PRIOR TO LOSS	N FAVOR OF MORTGAGE				<u> </u>	_								
CANCELLATION	<u> </u>			_		_				-				
SHOULD ANY OF THE ABOVE DELIVERED IN ACCORDANCE WI	DESCRIBED POLICIE TH THE POLICY PROVIS	ES BE	E C/	ANC	ELLED BEI	FORE TH	E EXPII	RATION DAT	E THER	REOF, NO	TICE WILL BE			
ADDITIONAL INTEREST				_										
CONTRACT OF SALE LENDER' MORTGAGEE		LENDER SER	VICING AGE	NT NAME	AND ADDRESS									
NAME AND ADDRESS					]					•				
I .	lursing and Rehabilitati	on at							_					
Absolut at Gasport; 4540 Lincoln Drive Gasport, NY 14067					AUTHORIZED	REPRESEN	TATIVE	muhal )	ehun	unce				
					<u> </u>									

### **EVIDENCE OF COMMERCIAL PROPERTY INSURANCE**

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DATE (MM/DD/YYYY) 6/11/2019

THIS EVIDENCE OF COMMERCIAL PROPERTY INSURANCE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE ADDITIONAL INTEREST NAMED BELOW. THIS EVIDENCE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS EVIDENCE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE ADDITIONAL INTEREST. CONTACT PERSON AND ADDRESS (A/C, No, Ext): (718) 333-1155 Grandview Brokerage Corp 1815-65th Street NAIC NO: COMPANY NAME AND ADDRESS Great American Insurance Comp 1815-65th Street Brooklyn, NY 11204 Contact name: FAX (A/C, No): IF MULTIPLE COMPANIES, COMPLETE SEPARATE FORM FOR EACH POLICY TYPE CODE: SUB CODE: AGENCY CUSTOMER ID #: ABSOFAC-01 Property Absolut Center for Nursing and Rehabilitaion at Orchard Park LOAN NUMBER POLICY NUMBER NAMED INSURED AND ADDRESS MAC457352310 Absolut at Orchard Brooke, LLC; EFFECTIVE DATE EXPIRATION DATE 6060 Armor Road Orchard Park, NY 14127 CONTINUED UNTIL 8/9/2020 6/7/2019 TERMINATED IF CHECKED THIS REPLACES PRIOR EVIDENCE DATED: ADDITIONAL NAMED INSURED(S) 🛛 BUILDING OR 🖺 BUSINESS PERSONAL PROPERTY PROPERTY INFORMATION (ACORD 101 may be attached if more space is required) 6060 ARMOR ROAD, Orchard Park, NY 14127, Absolut Center at Orchard Park THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS EVIDENCE OF PROPERTY INSURANCE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS. X | SPECIAL BROAD PERILS INSURED COVERAGE INFORMATION DED: 5,000 \$ 104,189,254 COMMERCIAL PROPERTY COVERAGE AMOUNT OF INSURANCE: YES NO N/A 15,863,032 Actual Loss Sustained; # of months: If YES, LIMIT: X BUSINESS INCOME RENTAL VALUE X 28.585.318 If YES, indicate value(s) reported on property identified above: \$ Х BLANKET COVERAGE Х Attach Disclosure Notice / DEC TERRORISM COVERAGE X IS THERE A TERRORISM-SPECIFIC EXCLUSION? IS DOMESTIC TERRORISM EXCLUDED? X X If YES, LIMIT: DED: LIMITED FUNGUS COVERAGE Χ FUNGUS EXCLUSION (If "YES", specify organization's form used) X REPLACEMENT COST Χ AGREED VALUE COINSURANCE X If YES, 5,000 20,430,904 DED: X If YES, LIMIT: EQUIPMENT BREAKDOWN (If Applicable) 5,000 20,430,904 ORDINANCE OR LAW - Coverage for loss to undamaged portion of bldg DED: X If YES, LIMIT: 5,000 Х If YES, LIMIT: 1,000,000 DED: - Demolition Costs 5,000 X If YES, LIMIT: 1,000,000 DED: - Incr. Cost of Construction 25,000 X 1,000,000 If YES, LIMIT: DED: EARTH MOVEMENT (If Applicable) 25,000 1,000,000 X If YES, LIMIT: DED: FLOOD (If Applicable) If YES, LIMIT: DED: WIND / HAIL INCL X YES NO Subject to Different Provisions: DED: If YES, LIMIT: NAMED STORM INCL X YES NO Subject to Different Provisions: PERMISSION TO WAIVE SUBROGATION IN FAVOR OF MORTGAGE HOLDER PRIOR TO LOSS CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. ADDITIONAL INTEREST LENDER SERVICING AGENT NAME AND ADDRESS CONTRACT OF SALE LENDER'S LOSS PAYABLE LOSS PAYEE MORTGAGEE NAME AND ADDRESS Absolut Center for Nursing and Rehabilitaion at Orchard Park LLC Absolut at Orchard Brooke, LLC AUTHORIZED REPRESENTATIVE method behowered 6060 Armor Road Orchard Park, NY 14127

ACORD 28 (2016/03)

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## **EVIDENCE OF COMMERCIAL PROPERTY INSURANCE**

NROCKOVE

THIS EVIDENCE OF COMMERCIAL PROPERTY INSURANG UPON THE ADDITIONAL INTEREST NAMED BELOW. THIS ETHE COVERAGE AFFORDED BY THE POLICIES BELOW. THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE	VIDE TH	ENC HIS E	E DO	DES NOT AFFIRMATIVE ENCE OF INSURANCE	LY OR NEGATIVE DOES NOT CONST	LY AMEND, EXTEN	ID OR ALTER			
PRODUCER NAME, CONTACT PERSON AND ADDRESS (A/C, No, Ext): (718) 333-1155				COMPANY NAME AND ADDRESS NAIC NO:						
CONTACT PERSON AND ADDRESS L(A/C, No. EX): (1.19766) Grandview Brokerage Corp 1815-65th Street Brooklyn, NY 11204				Great American Insurance Comp						
Contact name:										
FAX E-MAIL ADDRESS:				IF MULTIPLE	COMPANIES, COMPLETE	SEPARATE FORM FOR	EACH			
CODE: SUB CODE:				POLICY TYPE						
AGENCY CUSTOMER ID #: ABSOFAC-01				Property						
NAMED INSURED AND ADDRESS				LOAN NUMBER		POLICY NUMBER				
Absolut Center for Nursing and Rehabilitation at	Thre	e Ri	ivers	5		MAC457352310				
LLC 101 Creekside Drive				EFFECTIVE DATE	EXPIRATION DATE	<u> </u>				
Painted Post, NY 14870				6/7/2019	8/9/2020	CONTINUE	D UNTIL ED IF CHECKED			
ADDITIONAL NAMED INSURED(S)				THIS REPLACES PRIOR EVIL	ENCE DATED:	jj j TERMINAL	ED II. GILEGILED			
				<u> </u>	-		<del></del>			
PROPERTY INFORMATION (ACORD 101 may be attached if LOCATION / DESCRIPTION 101 CREEKSIDE DRIVE, Painted Post, NY 14870, Absolut Co.					DING OR 🛚 BUS	SINESS PERSONA	L PROPERTY			
THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUE ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE I OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY	OTH POLI	ER D	OOCU S DE:	JMENT WITH RESPECT TO SCRIBED HEREIN IS SUBJ	WHICH THIS EVIDEN	(CE OF PROPERTY II	ISURANCE MAY			
COVERAGE INFORMATION PERILS INSURED	BA:	SIC		BROAD X SPECIA	AL_					
COMMERCIAL PROPERTY COVERAGE AMOUNT OF INSURANCE: \$ "	104,	,189	,25	4		DED: <b>5,000</b>				
- · · · · · · · · · · · · · · · · · · ·	YES	ΝО	N/A							
X BUSINESS INCOME RENTAL VALUE	Х			If YES, LIMIT:	15,863,032	Actual Loss Sustained:	# of months:			
BLANKET COVERAGE	Х			If YES, indicate value(s) rep	orted on property ident	tified above: \$	15,721,812			
TERRORISM COVERAGE	Х			Attach Disclosure Notice / [	DEC					
IS THERE A TERRORISM-SPECIFIC EXCLUSION?			Х	<del></del>						
IS DOMESTIC TERRORISM EXCLUDED?			Х				-			
LIMITED FUNGUS COVERAGE			Х	If YES, LIMIT:	<u> </u>	DED:				
FUNGUS EXCLUSION (If "YES", specify organization's form used)			Х	<del></del> :	<del></del>					
REPLACEMENT COST	Х				<u></u>					
AGREED VALUE	Х						<del></del>			
COINSURANCE		х		IfYES, %						
EQUIPMENT BREAKDOWN (If Applicable)	Х	<u> </u>		If YES, LIMIT:		DED:	·			
ORDINANCE OR LAW - Coverage for loss to undamaged portion of bldg	X			If YES, LIMIT:	15,283,817	DED:	5,000			
- Demolition Costs	X			If YES, LIMIT:	1,000,000	DED:	5,000			
- Incr. Cost of Construction	x			If YES, LIMIT:	1,000,000	DED:	5,000			
	X			If YES, LIMIT:	1,000,000	DED:	25,000			
EARTH MOVEMENT (If Applicable)	X	-	-	If YES, LIMIT:	1,000,000	DED:	25,000			
FLOOD (If Applicable)  WIND / HAIL INCL   X YES   NO Subject to Different Provisions:	_			If YES, LIMIT:		DED:				
		$\vdash$		If YES, LIMIT:	<del></del> .	DED:				
NAMED STORM INCL X YES NO Subject to Different Provisions:  PERMISSION TO WAIVE SUBROGATION IN FAVOR OF MORTGAGE HOLDER PRIOR TO LOSS				ii ico, ciwit.		DEB	-			
CANCELLATION					-		•			
SHOULD ANY OF THE ABOVE DESCRIBED POLICIES DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIO		CA	NCE	ELLED BEFORE THE	EXPIRATION DATE	THEREOF, NOT	CE WILL BE			
ADDITIONAL INTEREST				-			-			
· ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' '	S PAY	ΈE		LENDER SERVICING AGENT	IAME AND ADDRESS					
MORTGAGEE ESPERATOR TO STATE S										
NAME AND ADDRESS										
Absolut Center for Nursing and Rehabilitation Rivers LLC	at T	hre	e							
101 Creekside Drive Painted Post, NY 14870				AUTHORIZED REPRESENTAT	richael L	Aumee				
		- 1		• <del></del>						

## **EVIDENCE OF COMMERCIAL PROPERTY INSURANCE**

NROCKOVE

THIS EVIDENCE OF COMMERCIAL PROPERTY INSURAN UPON THE ADDITIONAL INTEREST NAMED BELOW. THIS E THE COVERAGE AFFORDED BY THE POLICIES BELOW THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIV	EVID I. TI	ENC HIS I	EVI	DOES NOT AFFIRMA IDENCE OF INSURAI	TIVELY OR NEGATIVE	LY AMEND, EXTEN	D OR ALTER						
PRODUCER NAME, CONTACT PERSON AND ADDRESS Grandview Brokerage Corp 1815-65th Street Brooklyn, NY 11204				COMPANY NAME AND ADDRESS  Great American Insurance Comp									
Contact name:													
FAX (A/C, No): E-MAIL ADDRESS:				IF MULTIPLE COMPANIES, COMPLETE SEPARATE FORM FOR EACH									
CODE: SUB CODE:				POLICY TYPE									
AGENCY CUSTOMER ID #: ABSOFAC-01				Property									
NAMED INSURED AND ADDRESS				LOAN NUMBER		POLICY NUMBER							
Absolut Center for Nursing And Rehabilitation A	t We	stfie	ld,			MAC457352310							
LLC 26 Cass Street Westfield, NY 14787				EFFECTIVE DATE 6/7/2019	EXPIRATION DATE 8/9/2020	CONTINUEL	D UNTIL ED IF CHECKED						
ADDITIONAL NAMED INSURED(S)				THIS REPLACES PRIOR	R EVIDENCE DATED:								
PROPERTY INFORMATION (ACORD 101 may be attached if	f mo	re sp	ac	e is required) 🛛 🗷 E	BUILDING OR X BU	SINESS PERSONA	L PROPERTY						
LOCATION / DESCRIPTION 26 CASS STREET, Westfield, NY 14787, Absolut Center at V  THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSU ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OF	IED T	O TH	IE I	CUMENT WITH RESPEC	T TO WHICH THIS EVIDE	NCE OF PROPERTY IN	SURANCE MAY						
BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY	POL PAI	ICIE: D CL	S DI AIN	AS.	SUBJECT TO ALL THE TE	RMS, EXCLUSIONS AN	D CONDITIONS						
COVERAGE INFORMATION PERILS INSURED		SIC			PECIAL								
COMMERCIAL PROPERTY COVERAGE AMOUNT OF INSURANCE: \$	104	,189	),2:	54		DED: <b>5,000</b>							
	_	NO	N/A	-1									
BUSINESS INCOME   RENTAL VALUE	X	ļ	L-	If YES, LIMIT:	· · ·	Actual Loss Sustained;							
BLANKET COVERAGE	X	<u> </u>	_		s) reported on property ider	ntified above: \$	8,769,243						
TERRORISM COVERAGE	Х		_	Attach Disclosure Noti	ce / DEC	•							
IS THERE A TERRORISM-SPECIFIC EXCLUSION?			X										
IS DOMESTIC TERRORISM EXCLUDED?	-	├	X	<b>-</b>		OFD.							
LIMITED FUNGUS COVERAGE	-		X	<del></del>		DED:							
FUNGUS EXCLUSION (If "YES", specify organization's form used)  REPLACEMENT COST	v		Х	<u></u>		<del></del>							
AGREED VALUE	X	$\vdash$		<del>                                     </del>									
COINSURANCE	<b>┼^</b>	x		If YES. %		<del></del> .							
EQUIPMENT BREAKDOWN (If Applicable)	Х	<del> ^</del>		If YES, LIMIT:	100,000,000	DED:							
ORDINANCE OR LAW - Coverage for loss to undamaged portion of bldg	X			If YES, LIMIT:	8,331,098	DED:	5,000						
- Demolition Costs	X	$\vdash$		If YES, LIMIT:	1,000,000	DED:	5,000						
- Incr. Cost of Construction	X			If YES, LIMIT:	1,000,000	DED:	5,000						
EARTH MOVEMENT (If Applicable)	X			If YES, LIMIT:	1,000,000	DED:	25,000						
FLOOD (If Applicable)	X	<u> </u>		If YES, LIMIT:	1,000,000	DED:	25,000						
WIND / HAIL INCL X YES NO Subject to Different Provisions:	1	+-		If YES, LIMIT:		DED:							
NAMED STORM INCL X YES NO Subject to Different Provisions:		<del>  -</del>		If YES, LIMIT:	·	DED:							
PERMISSION TO WAIVE SUBROGATION IN FAVOR OF MORTGAGE HOLDER PRIOR TO LOSS													
CANCELLATION													
SHOULD ANY OF THE ABOVE DESCRIBED POLICIES DELIVERED IN ACCORDANCE WITH THE POLICY PROVISION			NC	CELLED BEFORE TI	HE EXPIRATION DAT	E THEREOF, NOTIC	CE WILL BE						
ADDITIONAL INTEREST													
CONTRACT OF SALE LENDER'S LOSS PAYABLE LOS MORTGAGEE	S PA	YEE		LENDER SERVICING AG	ENT NAME AND ADDRESS								
NAME AND ADDRESS													
Absolut Center for Nursing And Rehabilitation Westfield, LLC	n At				<u></u>		-						
26 Cass Street Westfield, NY 14787				AUTHORIZED REPRESE	Michael J	churren							



ABSOFAC-01

**NROCKOVE** 

#### CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 9/12/2019

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED

REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER. IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s). Grandview Brokerage Corp 1815-65th Street PHONE (A/C, No, Ext): (718) 333-1155 Brooklyn, NY 11204 INSURER(S) AFFORDING COVERAGE NAIC # INSURER A : Lloyds Of London INSURED INSURER B: INSURER C: **Absolut Facilities Management** 300 Gleed Avenue INSURER D : East Aurora, NY 14052-2983 INSURER E INSURER F **REVISION NUMBER:** COVERAGES **CERTIFICATE NUMBER:** THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS. POLICY EFF POLICY EXP (MM/DD/YYYY) (MM/DD/YYYY) ADDL SUBR INSD WVD TYPE OF INSURANCE POLICY NUMBER 1,000,000 X COMMERCIAL GENERAL LIABILITY EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) 100,000 X CLAIMS-MADE OCCUR TBD 9/8/2019 9/8/2020 5,000 Retro Date 6/7/07 MED EXP (Any one person) Included PERSONAL & ADV INJURY 3,000,000 GEN'L AGGREGATE LIMIT APPLIES PER: GENERAL AGGREGATE Included | PEC+ | POLICY PRODUCTS - COMP/OP AGG OTHER: COMBINED SINGLE LIMIT (Ea accident) AUTOMOBILE LIABILITY ANY AUTO BODILY INJURY (Per person) OWNED AUTOS ONLY SCHEDULED AUTOS BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident) NON-OWNED AUTOS ONLY HIRED AUTOS ONLY UMBRELLA LIAB OCCUR EACH OCCURRENCE CLAIMS-MADE **EXCESS LIAB** AGGREGATE DED RETENTION \$ PER STATUTE WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) E.L. EACH ACCIDENT NIA E.L. DISEASE - EA EMPLOYEE If yes, describe under
DESCRIPTION OF OPERATIONS below E.L. DISEASE - POLICY LIMIT 1,000,000 9/8/2020 9/8/2019 Prof. Liability TBD Limit 3,000,000 9/8/2019 9/8/2020 Retro Date 6/7/07 TBD Aggregate DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached If more space is required)
Coverage is subject to court approval of continuous insurance payments as per payment schedule, including the down payment and installments. Absolut Center for Nursing And Rehabilitation At Westfield, LLC 26 Cass Street Westfield, NY 14787 SEE ATTACHED ACORD 101 CANCELLATION . **CERTIFICATE HOLDER** SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. Absolut Facilities Management 300 Gleed Avenue East Aurora, NY 14052 AUTHORIZED REPRESENTATIVE

ACORD 25 (2016/03)

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AGENCY CUSTOMER ID: ABSOFAC-01

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LOC#: 1



#### ADDITIONAL REMARKS SCHEDULE

Page 1 of 1

AGENCY	_	NAMED INSURED Absolut Facilities Management				
Grandview Brokerage Corp		300 Gleed Avenue East Aurora, NY 14052-2983				
POLICY NUMBER						
SEE PAGE 1						
CARRIER	NAIC CODE					
SEE PAGE 1	SEE P 1	EFFECTIVE DATE: QCC DAGE 1				

#### ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,

FORM NUMBER: ACORD 25 FORM TITLE: Certificate of Liability Insurance

Description of Operations/Locations/Vehicles: Absolut Center for Nursing and Rehabilitation at Three Rivers LLC 101 Creekside Drive Painted Post, NY 14870

Absolut Center for Nursing and Rehabilitaion at Orchard Park LLC Absolut at Orchard Brooke, LLC 6060 Armor Road Orchard Park, NY 14127

Absolut Center for Nursing and Rehabilitation at Gasport, LLC 4540 Lincoln Road Gasport, NY 14067

Absolut Center for Nursing and Rehabilitation at Aurora Park, LLC 292 Main Street East Aurora, NY 14052

Absolut Center for Nursing and Rehabilitation at Allegany, LLC 2178 North Fifth Street Allegany, NY 14706

WESTFIELD TO BE ADDED

ABSOFAC-01

PGLICKSMAN

DATE (MM/DD/YYYY) 5/3/2019

## CERTIFICATE OF LIABILITY INSURANCE

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED

REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER, IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s). CONTACT PHONE (A/C, No, Ext): (718) 333-1155 Grandview Brokerage Corp FAX (A/C, No): (917) 534-6087 1815-65th Street Brooklyn, NY 11204 E-MAIL ADDRESS: **INSURER(S) AFFORDING COVERAGE** INSURER A: American Guarantee and Liability Insurance Company 26247 INSURED INSURER B: Absolut Facilities Management, LLC INSURER C: 300 Gleed Ave INSURER D East Aurora, NY 14052-2983 INSURER E: COVERAGES CERTIFICATE NUMBER: REVISION NUMBER: THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS. ADDL SUBR POLICY EFF POLICY EXP TYPE OF INSURANCE POLICY NUMBER COMMERCIAL GENERAL HABILITY EACH OCCURRENCE CLAIMS-MADE DAMAGE TO RENTED PREMISES (Ea occurrence) MED EXP (Any one person) PERSONAL & ADV INJURY GEN'L AGGREGATE LIMIT APPLIES PER: GENERAL AGGREGATE POLICY PRODUCTS - COMP/OP AGG OTHER: COMBINED SINGLE LIMIT (Ea accident) AUTOMÓBILE LIABILITY ANY AUTO BODILY INJURY (Per person) OWNED AUTOS ONLY SCHEDULED AUTOS **BODILY INJURY (Per accident)** PROPERTY DAMAGE (Per accident) NON-OWNED AUTOS ONLY HIRED AUTOS ONLY UMBRELLATIAN OCCUR EACH OCCURRENCE EXCESS LIAB CLAIMS-MADE AGGREGATE RETENTION \$ WORKERS COMPENSATION AND EMPLOYERS' LIABILITY PER STATUTE WC011627602 5/1/2019 5/1/2020 1,000,000 ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) E.L. EACH ACCIDENT 1,000,000 E.L. DISEASE - EA EMPLOYEE If yes, describe under DESCRIPTION OF OPERATIONS below 1,000,000 E.L. DISEASE - POLICY LIMIT DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) CERTIFICATE HOLDER CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. Absolut Facilities Management, LLC 300 Gleed Ave East Aurora, NY 14052 AUTHORIZED REPRESENTATIVE

ACORD 25 (2016/03)

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DATE (MM/DD/YYYY)

## CERTIFICATE OF LIABILITY INSURANCE

5/3/2019

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER. IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s). CONTACT NAME: Grandview Brokerage Corp PHONE (A/C, No, Ext): (718) 333-1155 FAX (A/C, No): (917) 534-6087 1815-65th Street Brooklyn, NY 11204 E-MAIL ADDRESS: INSURER(S) AFFORDING COVERAGE NAIC# INSURER A: American Guarantee and Liability Insurance Company 26247 INSURED INSURER B: Absolut Center for Nursing and Rehabilitation at Allegany, INSURER C: LLC INSURER D : 2178 N Fifth St Allegany, NY 14706 **INSURER E:** INSURER F REVISION NUMBER: CERTIFICATE NUMBER: COVERAGES THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS. POLICY EFF POLICY EXP
(MM/DD/YYYY) (MM/DD/YYYY) LIMITS POLICY NUMBER TYPE OF INSURANCE COMMERCIAL GENERAL LIABILITY EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) CLAIMS-MADE OCCUR MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE GEN'L AGGREGATE LIMIT APPLIES PER: POLICY PRO-Loc PRODUCTS - COMP/OP AGG OTHER: COMBINED SINGLE LIMIT (Ea accident) AUTOMOBILE LIABILITY BODILY INJURY (Per person) ANY AUTO OWNED AUTOS ONLY SCHEDULED AUTOS BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident) HIRED AUTOS ONLY NON-OWNED AUTOS ONLY EACH OCCURRENCE UMBRELLA LIAB OCCUR **EXCESS LIAB** CLAIMS-MADE AGGREGATE DED RETENTION \$ STATUTE WORKERS COMPENSATION AND EMPLOYERS' LIABILITY 1,000,000 5/1/2019 5/1/2020 WC011627602 ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) E.L. EACH ACCIDENT 1,000,000 E.L. DISEASE - EA EMPLOYEE 1,000,000 If yes, describe under DESCRIPTION OF OPERATIONS below E.L. DISEASE - POLICY LIMIT DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) CANCELLATION CERTIFICATE HOLDER SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANGE WITH THE POLICY PROVISIONS. Absolut Center for Nursing and Rehabilitation at Allegany, 2178 N Fifth St AUTHORIZED REPRESENTATIVE Allegany, NY 14706

ABSOFAC-01

**PGLICKSMAN** 

## **CERTIFICATE OF LIABILITY INSURANCE**

DATE (MM/DD/YYYY) 5/3/2019

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS

В	ERTIFICATE DOES NOT AFFIRMAT ELOW. THIS CERTIFICATE OF INS EPRESENTATIVE OR PRODUCER, AI	SURA	ANCE	DOES NOT CONSTITU	TE A	CONTRACT	BETWEEN	THE ISSUING IN	VSURER(S)	, AU	THORIZED				
lf	PORTANT: If the certificate holder SUBROGATION IS WAIVED, subjective to certificate does not confer rights to	t to	the	terms and conditions of	the po ich end	licy, certain lorsement(s)	policies may	NAL INSURED p require an endo	orsement.	or be A st	endorsed. atement on				
PRO	DUCER				CONTA NAME:	СТ									
	ndview Brokerage Corp					o, Ext): (718) 3	333-1155		FAX (A/C, No): (9'	17) 5	34-6087				
	i-65th Street oklyn, NY 11204				E-MAIL ADDRE	SS:		<u></u>							
					,,		SURER(S) AFFOI	RDING COVERAGE			NAIC#				
					IMSURE			and Liability Insu	rance Comp	oany	26247				
เทรบ	RED			<del></del> ,	INSURE			. <u></u>							
mou	Absolut Center for Nursing	and F	Rehal	bilitation at Aurora Park,											
	LLC														
	292 Main St				INSURER D:										
	East Aurora, NY 14052				INSURER E :										
	ED LOTO OFF		- A T	- MIRIDED.	INSURER F:										
				NUMBER:		EEN ICCUED		REVISION NUM		DOL	ICY BERIAD				
IN CI EX	IIS IS TO CERTIFY THAT THE POLICIE DICATED. NOTWITHSTANDING ANY R ERTIFICATE MAY BE ISSUED OR MAY ICLUSIONS AND CONDITIONS OF SUCH	EQUI PER POLI	REMI TAIN, CIES.	ENT, TERM OR CONDITIOI THE INSURANCE AFFORI LIMITS SHOWN MAY HAVE	N OF A DED BY	ANY CONTRA 7 THE POLIC REDUCED BY	CT OR OTHER IES DESCRIB PAID CLAIMS	R DOCUMENT WIT JED HEREIN IS SU	TH RESPECT	r to	WHICH THIS				
INSR LTR		INSD	SUBR WVD	POLICY NUMBER		(WWYDDY\YYYY)	POLICY EXP (MM/DD/YYYY)		LIMITS						
!	COMMERCIAL GENERAL LIABILITY							EACH OCCURRENCE							
	CŁAIMS-MADE OCCUR						İ	DAMAGE TO RENTE PREMISES (Ea occu	Intence) \$						
								MED EXP (Any one I	person) \$						
								PERSONAL & ADV I	NJURY \$						
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREG	ATE \$						
	POLICY PRO- LOC							PRODUCTS - COME			<del></del> -				
<del></del>	OTHER:							COMBINED SINGLE	LIMIT \$						
	AUTOMOBILE LIABILITY							(Ea accident)	\$						
	ANY AUTO							BODILY INJURY (Pe	er person) \$						
	OWNED SCHEDULED AUTOS							BODILY INJURY (Pe	er accident) \$						
	HIRED NON-OWNED AUTOS ONLY							PROPERTY DAMAG (Per accident)	°E \$						
									\$						
	UMBRELLA LIAB OCCUR							EACH OCCURRENC	DE <u>\$</u>						
	EXCESS LIAB CLAIMS-MADE						ŀ	AGGREGATE	\$						
	DED RETENTION \$														
Α	WORKERS COMPENSATION							PER STATUTE	OTH- ER						
	AND EMPLOYERS' LIABILITY  ANY PROPRIETOR/PARTNER/EXECUTIVE			WC011627602		5/1/2019	5/1/2020	E.L. EACH ACCIDEN	VT S		1,000,000				
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory In NH)	N/A						E.L. DISEASE - EA B	ì		1,000,000				
	If yes, describe under							E.L. DISEASE - POL			1,000,000				
	DÉSCRIPTION OF OPERATIONS below			. <u> </u>				E.E. DIOLAGE -1 OC	ICT CHAIL?		-				
ı									1						
				NAME Additional Procedur Colonia	do may s	o attached if y	ra panag in sacul	l							
DES	RIPTION OF OPERATIONS / LOCATIONS / VEHIC	.ES (/	AGURE	) 101, Additional Remarks Schedu	ue, may t	e anached it moi	re space is requi	euj							
									•						
								<del></del>			<u>.                                    </u>				
CEI	RTIFICATE HOLDER				CAN	CELLATION									
	Absolut Center for Nursing a LLC 292 Main St	bilitation at Aurora Park,	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.												
	East Aurora, NY 14052				AUTHORIZED REPRESENTATIVE										

ACORD 25 (2016/03)

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#### ABSOFAC-01

#### **PGLICKSMAN**

DATE (MM/DD/YYYY)

## CERTIFICATE OF LIABILITY INSURANCE

5/3/2019

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER. IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s). CONTACT NAME: PHONE (A/C, No, Ext): (718) 333-1155 Grandview Brokerage Corp FAX (A/C, No): (917) 534-6087 1815-65th Street Brooklyn, NY 11204 E-MAIL ADDRESS: INSURER(S) AFFORDING COVERAGE NAIC# INSURER A : American Guarantee and Liability Insurance Company 26247 INSURED INSURER B: Absolut Center for Nursing And Rehabilitation at Gasport, INSURER C: LLC INSURER D : 4540 Lincoln Dr Gasport, NY 14067 INSURER E : INSURER F: **CERTIFICATE NUMBER:** REVISION NUMBER: **COVERAGES** THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS. ADDL SUBR INSD WVD POLICY EFF POLICY EXP
(MM/DD/YYYY) (MM/DD/YYYY) LIMITS POLICY NUMBER TYPE OF INSURANCE COMMERCIAL GENERAL LIABILITY EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) CLAIMS-MADE OCCUR MED EXP (Any one person) PERSONAL & ADV INJURY GEN'L AGGREGATE LIMIT APPLIES PER GENERAL AGGREGATE \_ PRO-JECT POLICY PRODUCTS - COMP/OP AGG OTHER: COMBINED SINGLE LIMIT (Ea accident) AUTOMOBILE LIABILITY ANY AUTO BODILY INJURY (Per person) SCHEDULED AUTOS OWNED AUTOS ONLY BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident) HIRED AUTOS ONLY NON-OWNED AUTOS ONLY UMBRELLA LIAB OCCUR EACH OCCURRENCE **EXCESS LIAB** CLAIMS-MADE AGGREGATE RETENTION \$ DED WORKERS COMPENSATION AND EMPLOYERS' LIABILITY STATUTE 1,000,000 WC011627602 5/1/2019 5/1/2020 ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) E.L. EACH ACCIDENT 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 If yes, describe under DESCRIPTION OF OPERATIONS below E.L. DISEASE - POLICY LIMIT DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) CANCELLATION CERTIFICATE HOLDER SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. Absolut Center for Nursing And Rehabilitation at Gasport, LLC 4540 Lincoln Dr AUTHORIZED REPRESENTATIVE Gasport, NY 14067



#### ABSOFAC-01

#### PGLICKSMAN

DATE (MM/DD/YYYY)

## CERTIFICATE OF LIABILITY INSURANCE

5/3/2019

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PROPERTY DAMAGE
(Per accident) HIRED AUTOS ONLY NON-OWNED AUTOS ONLY UMBRELLA LIAB OCCUR EACH OCCURRENCE **EXCESS LIAB** CLAIMS-MADE **AGGREGATE** DED RETENTION \$ STATUTE WORKERS COMPENSATION AND EMPLOYERS' LIABILITY 1,000,000 WC011627602 5/1/2019 5/1/2020 ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory In NH) E.L. EACH ACCIDENT N/A 1,000,000 E.L. DISEASE - EA EMPLOYEE If yes, describe under DESCRIPTION OF OPERATIONS below 1,000,000 E.L. DISEASE - POLICY LIMIT DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) **CERTIFICATE HOLDER** CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. Absolut at Orchard Brooke, LLC 6060 Armor Duells Rd Orchard Park, NY 14127 AUTHORIZED REPRESENTATIVE

ACORD 25 (2016/03)

## ABSOFAC-01

**PGLICKSMAN** 

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ACORD.

ABSOFAC-01

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ABSOFAC-01

**PGLICKSMAN** 

DATE (MM/DD/YYYY) 5/3/2019

## **CERTIFICATE OF LIABILITY INSURANCE**

THIS CERTIFICATE IS ISSUED AS A MA CERTIFICATE DOES NOT AFFIRMATIVEL BELOW. THIS CERTIFICATE OF INSURA REPRESENTATIVE OR PRODUCER, AND T	Y OR NEGATIVELY AMEND, NCE DOES NOT CONSTITU	EXTEND OR ALT	TER THE CO	OVERAGE AFFORDED	BY THE	POLICIES					
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Grandview Brokerage Corp		NAME: PHONE (A/C, No, Ext): (718) 333-1155  FAX (A/C, No, Ext): (718) 333-1155									
1815-65th Street Brooklyn, NY 11204		E-MAIL ADDRESS:									
		INSURER(S) AFFORDING COVERAGE NATO									
		INSURER A : America	n Guarantee a	and Liability Insurance Co	mpany	26247					
INSURED		INSURER B:									
Absolut Center for Nursing and F	Rehabilitation at Westfield,	INSURER C:									
LLC 26 Cass St		INSUR <u>ER</u> D :									
Westfield, NY 14787		INSURER E :									
		INSURER F:									
	CATE NUMBER:			<u>REVISION NUMBER:</u>		<del></del>					
THIS IS TO CERTIFY THAT THE POLICIES OF INDICATED. NOTWITHSTANDING ANY REQUIRENT CERTIFICATE MAY BE ISSUED OR MAY PEREXCLUSIONS AND CONDITIONS OF SUCH POLICE.	REMENT, TERM OR CONDITIOI TAIN. THE INSURANCE AFFORI	N OF ANY CONTRA DED BY THE POLIC BEEN REDUCED BY	CT OR OTHER JES DESCRIB PAID CLAIMS	R DOCUMENT WITH RESPE ED HEREIN IS SUBJECT T	CHOV	WHICH THIS					
INSR TYPE OF INSURANCE ADDITIONS INSD	SUBR POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s						
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CLAIMS-MADE OCCUR				DAMAGE TO RENTED PREMISES (Ea occurrence)	\$						
				MED EXP (Any one person)	<u>\$</u>	_					
				PERSONAL & ADV INJURY	\$						
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OTHER:				COMBINED SINGLE LIMIT	\$						
AUTOMOBILE LIABILITY				(Ea accident)	<u> </u>						
ANY AUTO				BODILY INJURY (Per person)	\$						
OWNED AUTOS ONLY AUTOS AUTOS				BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)	<u>\$</u>						
HIRED AUTOS ONLY NON-OWNED AUTOS ONLY				(Per accident)	\$						
				EL SU GOGUEDENSE	\$						
UMBRELLA LIAB OCCUR EXCESS LIAB CLAIMS-MADE				EACH OCCURRENCE	\$						
				AGGREGATE	\$						
A WORKERS COMPENSATION				PER OTH-	Ψ						
AND EMPLOYERS' LIABILITY	WC011627602	5/1/2019	5/1/2020	E.L. EACH ACCIDENT	s	1,000,000					
ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)				E.L. DISEASE - EA EMPLOYEE		1,000,000					
If yes, describe under DESCRIPTION OF OPERATIONS below				E.L. DISEASE - POLICY LIMIT		1,000,000					
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DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (J	ACORD 101, Additional Remarks Schedu		re space is requi	red)							
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CERTIFICATE HOLDER		CANCELLATION									
		SHOULD ANY OF	THE ABOVE T	DESCRIBED POLICIES BE C	ANCELL	.ED BEFORE					
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Absolut Center for Nursing and F	zenaminarion ar westneid)	ACCORDANCE W	THE POLK	OY PROVISIONS.							
26 Cass St		AUTHORIZED REPRESI									
Westfield, NY 14787			_								
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#### STATE OF NEW YORK WORKERS' COMPENSATION BOARD

DISABILITY AND PAID FAMILY LEAVE BENEFITS LAW

## **CERTIFICATE/CANCELLATION OF INSURANCE**



Filed on behalf of Employer in compliance with Article 9 of the Workers' Compensation Law

✓ Initial	☐ Cancellation	Reinst	atement	Super	sedes	Transac	tion Effect	tive Date: 10/1/2016
A. INSUR	ER							
1. INSURER NA	AME Wesco Insur	ance Compa	ıny		2, INSU	RER CODE		3. INSURER PHONE #
800 Flaza Tw	o, 8th Floor, Jersey City	- 7, NJ 07311-1104			В904	698		(800) 535-2711
4. CONTACT N	AME	<del></del> _			5. TITLE			6. DATE
Lydia De	La Rosa-Pena				Associa	te VP		6/13/2019
B. CURRI	ENT EMPLOYER IN	FORMATIO	N					
7. WCB EMPLO			8. NYS UIER NU	JMBER		9	, EMPLOYER I	FEIN
							208467875	<u></u>
10. EMPLOYER	R'S LEGAL NAME, INCLUDI	NG (DBA/AKA/T	4)			-	13. LEG/	AL STATUS (SEE BACK OF FORM)
Absolut	Center For Nursin	ng and Reha	abilitatio	n at Alle	gany LLC			10 - LLC
11. EMPLOYER	R STREET ADDRESS	•					14. NUM	BER (#) OF EMPLOYEES
2178 N.	Fifth Street							49
							45 EMD!	LOYER PHONE #
Allegany	R CITY, STATE and ZIP COD	JE		NY	14706		15. EWIP	LOTER PRONE #
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16. POLICY NU		an Associat	17. POLICY EF		r Walch For		(8, POLICY FO	not complete item 18.
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l	NUMBER (Only for Associat	tion. Union or Trus	• •				20. PRE	WIUM AMOUNT
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22. EMPLOYER	R'S STREET ADDRESS		·	28.	POLICYHOLE	ER ADDRESS		<u></u>
								<u> </u>
23. CITY, STAT 	E and ZIP CODE			29.	CITY, STATE	and ZIP CODE		
24. EMPLOYER		25. POLICY EFF	ECTIVE DATE	30	POLICYHOLD	ER FEIN		
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26. POLICY NU	JMBER	<u> </u>						
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│ <b>☑</b> ₿	oth disability and paid	family leave b	enefits		☑ All emp	oloyees		
	Disability benefits only				Only th	e class or cla	sses of emp	oloyees listed here:
	aid family leave benefi	ts only						
·	employee contributio	-	and hanafite	ingurad ara				
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_	as described in attached				_	000 81-4-4	h and a	stad by the Chair
_	as described in Employ							
□A		ate of Insurance			n behalt of t	ine Associatio	on, Union or	Trustees (policyholders) on

#### **LEGAL STATUS - INSURED LEGAL STATUS**

1	INDIVIDUAL	10	LIMITED LIABILITY COMPANY (LLC)
2	PARTNERSHIP	11	TRUST OR ESTATE
3	CORPORATION	12	EXECUTOR OR TRUSTEE
4	ASSOCIATION, LABOR UNION, RELIGIOUS ORGANIZATION		
5	LIMITED PARTNER	13	LIMITED LIABILITY PARTNERSHIP (LLP)
6	JOINT VENTURE	99	OTHER

## STATE OF NEW YORK WORKERS' COMPENSATION BOARD

DISABILITY AND PAID FAMILY LEAVE BENEFITS LAW

#### **CERTIFICATE/CANCELLATION OF INSURANCE**



Filed on behalf of Employer in compliance with Article 9 of the Workers' Compensation Law

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1. INSURER NAMI	E Wesco Insur	ance Company	,		2. INSUR	RER CODE		3. INSURER PHONE #	
800 Plaza Two,	9th Floor, Jersey City	, NJ 07311-1104			В9046	98		(800) 535-2711	
4. CONTACT NAM	IE .				5. TITLE			6. DATE	
Lydia De L	a Rosa-Pena				Associat	e VP		6/13/2019	
B. CURREN	T EMPLOYER IN	FORMATION							
7. WCB EMPLOYE	R NUMBER	8.	NYS UIER NUM	MBER			9. EMPLOYER F	EIN	
							208468266		
10. EMPLOYER'S	LEGAL NAME, INCLUDI	NG (DBA/AKA/TA)					13. LEGA	AL STATUS (SEE BACK OF FORM	i)
Absolut Ce	nter for Nursir	ng & Rehabil:	itation a	t Aurora	Park LLC			10 - LLC	
11. EMPLOYER S	TREET ADDRESS						14. NUM	BER (#) OF EMPLOYEES	
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ZJZ Haiii B									
	ITY, STATE and ZIP COD	E			1.4050		15, EMPL	OYER PHONE #	
East Auror	-			NY	14052				
					which For			not complete item 18.	
16. POLICY NUMB			POLICY EFFE	CTIVE DATE			18. POLICY FOR		
WDL1026971			0/1/2016	004 51- \			AH990118N		
19. WCB PLAN NU	JMBER (Only for Associat	tion, Union or Trustee	e with Form DB	-801 on file.)			\$1891	MIUM AMOUNT	
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	A COMPANY OF INFO	there we also dead	D-100 - 300 - 379		/ / / / / / / / / / / / / / / / / / /	(พากา เอาติก	Patronia	ស្វែក ខែការស្វែនក	
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ZI, EWFLOILK 3	LEGAL NAME, INCLODI	10 (DDAIANATA)			COLIGITIOED	LITTORIC			
22. EMPLOYER'S	STREET ADDRESS			28.	POLICYHOLDI	ER ADDRESS			
23. CITY, STATE a	nd ZIP CODE			29.	CITY, STATE a	nd ZIP CODE			
25/5///					,				
24. EMPLOYER FE	EIN	25. POLICY EFFEC	TIVE DATE	30.	POLICYHOLD	ER FEIN			
26. POLICY NUMB	ER								
<b>(दे</b> . भी, मीतक वर्ग	ស្រែស្រួលខានាធិត្រាស្រួ	a sampoyees	avolloras		Carrier and the second			And the second s	
D. Andrewson	cy provides coverag				The policy	covers the f	ollowing class	s or classes of employees:	
<b>☑</b> Both	n disability and paid f	family leave ben	efits		✓ All empl	loyees			
Disa	bility benefits only				Only the	e class or cla	asses of emp	loyees listed here:	
	I family leave benefit	ts only							
_	•	•	i hanafita ir	acured area					_
	iployee contributio					uthorized	idar Caallar (	200	
= -	same in all respects		-		s or mose at	uuronzea un	ider Section 2	2U3.	
<del></del>	lescribed in attached				. F 55	000 61 1 1	4L	and house a Obot	
_	lescribed in Employe	- ·							
∐ As d		te of Insurance, ded Form DB-82			n behalt of th	ne Associati	on, Union or	Trustees (policyholders) on	

#### **LEGAL STATUS - INSURED LEGAL STATUS**

1	INDIVIDUAL	10	LIMITED LIABILITY COMPANY (LLC)
2	PARTNERSHIP	11	TRUST OR ESTATE
3	CORPORATION	12	EXECUTOR OR TRUSTEE
4	ASSOCIATION, LABOR UNION, RELIGIOUS ORGANIZATION		
5	LIMITED PARTNER	13	LIMITED LIABILITY PARTNERSHIP (LLP)
6	JOINT VENTURE	99	OTHER

## STATE OF NEW YORK WORKERS' COMPENSATION BOARD

DISABILITY AND PAID FAMILY LEAVE BENEFITS LAW

## **CERTIFICATE/CANCELLATION OF INSURANCE**



Filed on behalf of Employer in compliance with Article 9 of the Workers' Compensation Law

✓ Initial	☐ Cancellation	Reins	tatement	Supers	sedes	; Transa	Transaction Effective Date: 10/1/2016			
A. INSURE	R									
1, INSURER NAM		ance Compa	any		2	INSURER CODE		3. INSURER PHONE #		
800 Plaza Two,	8th Floor, Jersey City,	NJ 07311-110	4		F	3904698		(800) 535-2711		
4. CONTACT NAM	ле				5. TITL			6. DATE		
Lydia De I	La Rosa-Pena				Asse	ociate VP		6/13/2019		
B. CURREN	IT EMPLOYER INF	ORMATIO	N							
7. WCB EMPLOY	ER NUMBER		8. NYS UIER NUI	MBER			9. EMPLOYER I			
							208468080			
10. EMPLOYER'S	LEGAL NAME, INCLUDIN	IG (DBA/AKA/T	A)				13. LEG/	AL STATUS (SEE BACK OF FORM)		
Absolut Ce	enter For Nursin	g and Reh	abilitation	at Gaspo	ort L	ıLC		10 - LLC		
11. EMPLOYER S	TREET ADDRESS	-				<u></u>	14. NUM	BER (#) OF EMPLOYEES		
4540 Linco	oln Drive							90		
42 EMPLOYER	CITY, STATE and ZIP CODE						15 EMP	LOYER PHONE #		
Gasport	arr, ara re and zir copi	<b>-</b>		NΥ	140	167	13. 2.11	OTENT HONE W		
	* If policyholder is	an Associat	tion Union or	Truetoe for	whic	h Form DR-820 1	Ris filed do	not complete item 18.		
16, POLICY NUM		ali Associa	17. POLICY EFF		WITTO	11 7 01111 010	18. POLICY FO			
WDL1026971			10/1/2016				AH990118N	Y		
19. WCB PLAN N	UMBER (Only for Associati	on, Union or Tru	stee with Form DB	-801 on file.)			1	MIUM AMOUNT		
							\$3383	.43		
D. RIFARRON	AB LOK CANCIAL	(XIOITIA)								
□ Non-Pa	yment of Premium		ther:							
□Not Sub	- oject/No Eligible Empl									
☐ Out of E		Date	-			CANCELLATION				
Season		Date	);		TERMINATION SENT TO EMPLOYER:					
					GY.	A NEW MAN IS THE	)	rom Bujdovar		
MAX 1002	STEGAL NAME, INCLUDIN			-		YHOLDER NAME	Carolite (Aus.	Rotur Aufbroker		
21. EWIPLOTER S	LEGAL NAME, INCLODIN	ו הטואיאטטן פו	^)	F1.	, OLIO	HOLDERWALL				
		. <u>-</u>								
22. EMPLOYER'S	STREET ADDRESS			28.	POLIC	YHOLDER ADDRESS				
23. CITY, STATE	and ZIP CODE	-	. <u> </u>	29.	CITY, S	TATE and ZIP CODE	-			
24. EMPLOYER F	EIN	25. POLICY EF	FECTIVE DATE	30.	POLICY	YHOLDER FEIN				
26. POLICY NUMI	BER									
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<u> </u>	llivy.covers:Empleye		Baceloun		Thou	جمعت عليات بالمستثن الأرارات	following class	s or classes of employees:		
1	licy provides coverage			ט		ll employees	iollowing clas	3 of classes of employees.		
i —	h disability and paid f	amily leave t	eneius				laceae of amr	oloyees listed here:		
_	ability benefits only				Цν	Thy the class of C	idoodo di cilik	noyees listed flere.		
_	d family leave benefit	-			_					
	mployee contribution									
_	e same in all respects				s of th	ose authorized u	nder Section	209.		
_	described in attached									
	described in Employe									
□As					n beha	alf of the Associat	tion, Union or	Trustees (policyholders) on		
	or amend	ded Form DE	3-820.3 filed the	ereafter.						

### **LEGAL STATUS - INSURED LEGAL STATUS**

1	INDIVIDUAL	10	LIMITED LIABILITY COMPANY (LLC)
2	PARTNERSHIP	11	TRUST OR ESTATE
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5	LIMITED PARTNER	13	LIMITED LIABILITY PARTNERSHIP (LLP)
6	JOINT VENTURE	99	OTHER

## STATE OF NEW YORK WORKERS' COMPENSATION BOARD

DISABILITY AND PAID FAMILY LEAVE BENEFITS LAW

## **CERTIFICATE/CANCELLATION OF INSURANCE**



Filed on behalf of Employer in compliance with Article 9 of the Workers' Compensation Law

☑ Initial ☐ Cancellation	Reins	tatement	☐ Supersedes	Transactio	on Effective Date: 10/1/2016
A. INSURER					
1. INSURER NAME Wesco Insu	rance Comp	any	2. INSU	JRER CODE	3. INSURER PHONE #
800 Plaza Two, 8th Floor, Jersey Cit	_	-	В904	698	(800) 535-2711
4. CONTACT NAME	<del></del>		5. TITLE		6. DATE
Lydia De La Rosa-Pena			Associa	ate VP	6/13/2019
B. CURRENT EMPLOYER IN	JEORMATIC	N			
7, WCB EMPLOYER NUMBER		8. NYS UIER N	IUMBER	9. E	MPLOYER FEIN
				20	8471641
10. EMPLOYER'S LEGAL NAME, INCLUD	ING (DBA/AKA/	<u>Г</u> А)	· <del>-</del>		13. LEGAL STATUS (SEE BACK OF FORM)
Absolut at Orchard Brook		·			10 - LLC
					14. NUMBER (#) OF EMPLOYEES
11. EMPLOYER STREET ADDRESS					
6060 Armor Road					18
12. EMPLOYER CITY, STATE and ZIP CO	DE				15. EMPLOYER PHONE #
Orchard Park			NY 14127		
C. POLICY * If policyholder i	s an Associa	tion, Union o	or Trustee for which Fo	rm DB-820.3 is	filed, do not complete item 18.
16. POLICY NUMBER			FECTIVE DATE		POLICY FORM NUMBER *
WDL10269714-003		10/1/2010	6	AH	1990118NY
19. WCB PLAN NUMBER (Only for Associa	ation, Union or Tr	ustee with Form I	DB-801 on file.)		20. PREMIUM AMOUNT
					\$678.35
EDINORIGINEMEN (	LATION				
☐ Non-Payment of Premium	По	Other:	· · · · · · · · · · · · · · · · · · ·		
☐ Not Subject/No Eligible Em		e:			
Out of Business	Date		DATE CAN	ICELLATION OR	
			TERMINAT	TION SENT TO EM	IPLOYER:
Seasonal	Date	e:			
E Conductiones	ombelizer'	ked attopo	from F. POUC	Majoring 15 th	iliferentrizamiEmployer
21. EMPLOYER'S LEGAL NAME, INCLUD	ING (DBA/AKA/	ГА)	27. POLICYHOL	DER NAME	
GO EMPLOYEDIS STREET ADDRESS			28, POLICYHOL	DER ADDRESS	· <del></del>
22. EMPLOYER'S STREET ADDRESS			20.1 021011102	DEIT ADDITION	
23. CITY, STATE and ZIP CODE			29. CITY, STATE	and ZIP CODE	
					<u> </u>
24. EMPLOYER FEIN	25. POLICY EF	FECTIVE DATE	30, POLICYHOL	DER FEIN	
	<u> </u>				<del></del>
26. POLICY NUMBER					
		Marie Services		in the house of the	
টি, শি মীল policyক্তগৰনাৰিল্যটি		eesasyollov			
a. The policy provides covera	-		•	=	owing class or classes of employees:
☑ Both disability and paid	family leave	benefits	☑ All em		
☐ Disability benefits only			∐ Only t	he class or class	ses of employees listed here:
☐ Paid family leave bene	fits only				
2. The employee contributi	ons required	and benefits	s insured are:		
☑ The same in all respec	_			authorized unde	r Section 209.
As described in attache					
<del></del>				R-ROO filed with	and accepted by the Chair.
	ate of Insuran Inded Form Di			ule Association,	, Union or Trustees (policyholders) on

#### **LEGAL STATUS - INSURED LEGAL STATUS**

1	INDIVIDUAL	10	LIMITED LIABILITY COMPANY (LLC)
2	PARTNERSHIP	11	TRUST OR ESTATE
3	CORPORATION	12	EXECUTOR OR TRUSTEE
4	ASSOCIATION, LABOR UNION, RELIGIOUS ORGANIZATION		
5	LIMITED PARTNER	13	LIMITED LIABILITY PARTNERSHIP (LLP)
6	JOINT VENTURE	99	OTHER

### STATE OF NEW YORK WORKERS' COMPENSATION BOARD

DISABILITY AND PAID FAMILY LEAVE BENEFITS LAW

#### **CERTIFICATE/CANCELLATION OF INSURANCE**



Filed on behalf of Employer in compliance with Article 9 of the Workers' Compensation Law

🛮 Initial	Cancellation	☐ Reinsta	tement	Super	sedes	Transa	ction Effe	ctive Date: 10/1/2016
A. INSUR	RER							
1. INSURER N		rance Compan	ıy		2. INSU	RER CODE		3. INSURER PHONE #
800 Plaza Tv	wo, 8th Floor, Jersey Cit	-	-		B904	698		(800) 535-2711
4. CONTACT N	NAME				5. TITLE	<u> </u>		6. DATE
Lydia De	e La Rosa-Pena				Associa	ite VP		6/13/2019
B. CURR	ENT EMPLOYER IN	FORMATION						
	OYER NUMBER		. NYS UIER NU	UMBER			9. EMPLOYE	RFEIN
							20846830	00
10. EMPLOYE	R'S LEGAL NAME, INCLUDI	ING (DBA/AKA/TA)	1		·		13. LE	GAL STATUS (SEE BACK OF FORM)
Absolut	Center For Nursi	ng and Rehab	oilitatio	n at Orch	ard Park	LLC		10 - LLC
11 EMPLOYE	R STREET ADDRESS	· <u> </u>					14. NII	MBER (#) OF EMPLOYEES
							1	221
6060 Arn	nor koad							221
l	R CITY, STATE and ZIP COI	DE					15. EM	IPLOYER PHONE #
Orchard	Park			NY_	14127			
C. POLIC	Y * If policyholder is					rm DB-820.		o not complete item 18.
16. POLICY NU				FECTIVE DATE				ORM NUMBER *
WDL10269			L0/1/2016				AH990118	
19. WCB PLAN	NUMBER (Only for Associa	tion, Union or Truste	e with Form D	B-801 on file.)			3 .	EMIUM AMOUNT L5.59
				**************************************	SANGER IN	Michael Control	1 '	
DAREAS	ONE HORROWINGEN							
☐ Non-I	Payment of Premium	□Oth	er:					
☐ Not S	Subject/No Eligible Emp							
☐ Out o	f Business	Date:				CELLATION		7-
Sease	onal				IERMINAI	JON SENT IS	DEMPLOYER	<b>4</b> :
§=	aed जिल्लानास्थानाः				e de la compa	Winds (a.e.)	Telmocras	Whom Employees
	R'S LEGAL NAME, INCLUDI				POLICYHOLI		Minimaram	rate maniferent and the second
ZI, EWIPLOTE	K 3 LEGAL NAME, INCLUD	ING (DDA/ANATA)		12"	. 1 01,011101	DEKTAME		
22. EMPLOYE	R'S STREET ADDRESS			28	POLICYHOLI	DER ADDRESS	3	
23. CITY, STAT	TE and ZIP CODE	<del></del>		29.	CITY, STATE	and ZIP CODE		
201 011 1, 0 1, 1					,			
24. EMPLOYE	R FEIN	25. POLICY EFFE	CTIVE DATE	30.	POLICYHOLI	DER FEIN		
26. POLICY NU	JMBER				-			
		- T				a nonellation (1) and or		the state of the s
(c) it. Tiha	policycoválskánylog	er <b>ista in blevk</b> ar	sas ollow	OF SAME				
a. The	policy provides coveraç	ge for:		t	. The policy	covers the	following cla	ass or classes of employees:
☑E	Both disability and paid	family leave bei	nefits		🗹 All em	oloyees		
	Disability benefits only				Only th	ne class or c	lasses of en	nployees listed here:
□F	Paid family leave benef	its only			_			
2 The	employee contribution	ons required an	d benefits	insured are	<del></del>	<del></del>		
l	The same in all respect					authorized r	nder Section	n 209
_	rne same in all respect As described in attache				OF FINANCE			=001
_	As described in Attache As described in Employ				n Form DD	-800 filed o	ith and acco	ented by the Chair
_	•							
│		ate of insurance aded Form DB-8			in Denail Of	ure Associa	uon, onion t	or Trustees (policyholders) on
I	OI alliei	AGG LOTHEDD-0	יבט.ט וווסט ע	iologici.				

#### **LEGAL STATUS - INSURED LEGAL STATUS**

1	INDIVIDUAL	10	LIMITED LIABILITY COMPANY (LLC)
2	PARTNERSHIP	11	TRUST OR ESTATE
3	CORPORATION	12	EXECUTOR OR TRUSTEE
4	ASSOCIATION, LABOR UNION, RELIGIOUS ORGANIZATION		
5	LIMITED PARTNER	13	LIMITED LIABILITY PARTNERSHIP (LLP)
6	JOINT VENTURE	99	OTHER `

#### STATE OF NEW YORK WORKERS' COMPENSATION BOARD

DISABILITY AND PAID FAMILY LEAVE BENEFITS LAW

#### **CERTIFICATE/CANCELLATION OF INSURANCE**



Filed on behalf of Employer in compliance with Article 9 of the Workers' Compensation Law

✓ Initial	☐ Cancellation	Reinsta	atement	Supe	rsedes	Transa	ction Effec	ctive Date: 10/1/20	016
A. INSURE	R							•	
1. INSURER NAM		ance Compa	ny		2, INSU	RER CODE		3. INSURER PHONE #	
600 Plaza Two	, 8th Floor, Jersey City	, NJ 07311-1104			B9046	598		(800) 535-2711	
4. CONTACT NA	ME				5. TITLE			6. DATE	
Lydia De	La Rosa-Pena				Associa	te VP		6/13/2019	_
B. CURRE	NT EMPLOYER IN	FORMATION	1						
7. WCB EMPLOY	ER NUMBER		8. NYS UIER NU	JMBER	<u></u>	•	9. EMPLOYER		
							20846813		
10. EMPLOYER'S	S LEGAL NAME, INCLUDI	NG (DBA/AKA/TA	<b>)</b>				13. LEC	GAL STATUS (SEE BACK (	OF FORM)
Absolut C	enter For Nursin	ig and Reha	bilitatio	n at Thre	e Rivers	LLC		10 - LLC	
11. EMPLOYER	STREET ADDRESS	-					14. NUI	MBER (#) OF EMPLOYEES	
101 Creek	side Drive							120	
40 EMBLOVED	OITY OTATE						45 500	DI OVER BUIONE #	<u> </u>
Painted P	CITY, STATE and ZIP COD	<b>E</b>		NY	14870		15. EM	PLOYER PHONE #	
		4				DD 000	n :- <i>S</i> ill -l-		10
16. POLICY NUM			on, Union of 17. POLICY EFF			III DB-820.		o not complete item 1 ORM NUMBER *	10.
WDL102697			10/1/2016	LOTIVE DATE	•		AH990118		
19. WCB PLAN	UMBER (Only for Associat			B-801 on file.)		·	20. PR	EMIUM AMOUNT	
							\$455	5.69	
D. 437/4/3(c)	AR LOCKED KIND STOLEN	ASHONE			1.42.7.45				
	syment of Premium		her:					<u> </u>	
	bject/No Eligible Empl				<u> </u>	<u> </u>			
	· .				DATE CANO	CELLATION	OR		
Out of I		Date:					EMPLOYER	k:	
Seasor	nal 	Date:		·					
है, ©काताबाहरा	ा उपान्यस्थ्यम्बद्ध	গুলনাচ্ছা হবে	្សាស្រ្ត <b>្រុ</b> ស្សារ ស្រ	oio 🤚	FOLG	ALIGITION	(figliferen	ប់ចេញទីការូស្វេមា	314914
21. EMPLOYER'S	S LEGAL NAME, INCLUDIN	NG (DBA/AKA/TA	)	27	. POLICYHOLD	ER NAME			
22. EMPLOYER'S	S STREET ADDRESS			28	POLICYHOLD	ER ADDRESS		_ <del></del>	<u>.</u>
23. CITY, STATE	and ZIP CODE			29	. CITY, STATE :	and ZIP CODE			
24. EMPLOYER I	EIN T	25. POLICY EFFI	ECTIVE DATE	30	. POLICYHOLD	EREFIN			<u>.</u> .
24. EMI EOTEK		25.1 02.01 21.1		١	., одоллось	EICT EIN			
26. POLICY NUM	l IBER					<del></del>			
🤁 il ilitago	olicy covers Employ	ers employee	sesiolow					The second secon	A CONTRACTOR OF THE PARTY OF TH
<u> </u>	olicy provides coverage		<u></u>		o. The policy	covers the	following cla	ss or classes of emplo	oyees:
`	th disability and paid f		enefits		☑ All emp			·	•
	ability benefits only	,				_	asses of em	ployees listed here:	
	id family leave benefit	s only							
_	•				_				
	mployee contribution	-				thane:	_ d _ u		
<del></del> '	e same in all respects				ss or tnose a	utnorized u	nuer Section	1 209.	
	described in attached					000 = 1			
<del></del>	described in Employe		•						
□As					on behalf of t	he Associat	ion, Union o	r Trustees (policyhold	ers) on
	or amend	ded Form DB-	820.3 filed th	ereafter.					

## **LEGAL STATUS - INSURED LEGAL STATUS**

1	INDIVIDUAL	10	LIMITED LIABILITY COMPANY (LLC)
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## STATE OF NEW YORK WORKERS' COMPENSATION BOARD

DISABILITY AND PAID FAMILY LEAVE BENEFITS LAW

## **CERTIFICATE/CANCELLATION OF INSURANCE**



Filed on behalf of Employer in compliance with Article 9 of the Workers' Compensation Law

☑ Initial ☐ Cance	ellation 🔲 Re	einstatement	Supersedes	Transact	tion Effective Date: 10/1/2016	
A. INSURER						
1. INSURER NAME Wes	co Insurance C	ompany	2. 1	NSURER CODE	3. INSURER PHONE #	
800 Plaza Two, 8th Floor,	Jersey City, NJ 0731	1-1104	B9	04698	(800) 535-2711	
4. CONTACT NAME			5. TITLE		6. DATE	
Lydia De La Rosa-	Pena	_	Asso	ciate VP	6/13/2019	
B. CURRENT EMPL	OYER INFORMA	TION				
7. WCB EMPLOYER NUMBER		8. NYS UIER N	UMBER	9	. EMPLOYER FEIN	
					208467924	
10. EMPLOYER'S LEGAL NAM	AE, INCLUDING (DBA/A	KA/TA)			13. LEGAL STATUS (SEE BACK OF FORM)	
Absolut Center fo	r Nursing and	Rehabilitatio	on at Westfield	LLC	10 - LLC	
11. EMPLOYER STREET ADD	RESS	<del></del> ,	· <u>·</u> ·	-	14. NUMBER (#) OF EMPLOYEES	
26 Cass Street					140	
<u> </u>				<u></u> _		
12. EMPLOYER CITY, STATE	and ZIP CODE			_	15. EMPLOYER PHONE #	
Westfield			NY 1478			
C. POLICY * If polic	yholder is an Asse				is filed, do not complete item 18.	
16. POLICY NUMBER			FECTIVE DATE		8. POLICY FORM NUMBER *	
WDL10269714-009		10/1/2016		1	AH990118NY	
19. WCB PLAN NUMBER (Onl	y for Association, Union	or Trustee with Form I	OB-801 on file.)		20. PREMIUM AMOUNT \$4833.02	
D. IREASONS FOR	ANGELIATION					
☐Non-Payment of F		Other:		and the second s	A CONTRACTOR OF THE PROPERTY O	
☐ Not Subject/No El						
		<del>_</del>	DATE O	CANCELLATION O	R	
Out of Business		Date:	TERMII	TERMINATION SENT TO EMPLOYER:		
☐ Seasonal		Date:				
is Congertsuff	eahores of the	heated attoned	Kiano 🗦 FO	TECHICITED #50	िल्लिकार किनामिन्न विश्व	
21. EMPLOYER'S LEGAL NAM			17	OLDER NAME		
				101 040 4000000		
22. EMPLOYER'S STREET AD	DRESS		28. POLICYI	HOLDER ADDRESS		
23. CITY, STATE and ZIP COD	)E	_	29. CITY, ST	ATE and ZIP CODE	·	
,						
24, EMPLOYER FEIN	25. POLIC	Y EFFECTIVE DATE	30. POLICY	IOLDER FEIN		
26. POLICY NUMBER	J					
e i i ili e politiyetiye	s Émployars an	iloyeesas follo				
a. The policy provid	es coverage for:	<u> </u>	b. The po	olicy covers the fo	llowing class or classes of employees:	
☑ Both disability and paid family leave benefits		☑AII	employees			
☐ Disability benefits only		□On	Only the class or classes of employees listed here:			
l '	ave benefits only					
2. The employee o						
_	☑ The same in all respects as under Section 204 and not in excess of those authorized under Section 209.					
_	in attached supplei					
					h and accepted by the Chair.	
☐ As described	in Certificate of Ins	urance, Form DB	-820.3, filed on behal	f of the Association	on, Union or Trustees (policyholders) on	
1		m DB-820.3 filed				

### **LEGAL STATUS - INSURED LEGAL STATUS**

1	INDIVIDUAL	10	LIMITED LIABILITY COMPANY (LLC)
2	PARTNERSHIP	11	TRUST OR ESTATE
3	CORPORATION	12	EXECUTOR OR TRUSTEE
4	ASSOCIATION, LABOR UNION, RELIGIOUS ORGANIZATION		
5	LIMITED PARTNER	13	LIMITED LIABILITY PARTNERSHIP (LLP)
6	JOINT VENTURE	99	OTHER

WESCO INSURANCE COMPANY	
 Absolut Facilities Management LLC	

# STATE OF NEW YORK WORKERS' COMPENSATION BOARD NOTICE OF COMPLIANCE

New York State Disability Benefits

#### **Disability Benefits For Employees**

- 1. If you are unable to work because of an illness or injury, not work-related, you may be entitled to receive weekly benefits from your employer, his or her insurance carrier, or from the Special Fund for Disability Benefits.
- 2. To claim benefits you must file a claim form within 30 days from the first date of your disability, but in no event more than 26 weeks from such date.
- 3. Complete claim form DB-450 (Notice and Proof of Claim for Disability Benefits) You may obtain the form from your employer, his or her insurance carrier, your health provider, any Unemployment Insurance Office, the Workers' Compensation Board's website (www.wcb.ny.gov) or any office of the Board. IMPORTANT: Before filing your claim, your health provider must complete the "Health Care Provider's Statement" on the form showing your period of disability.
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WESCO INSURANCE COMPANY 800 Plaza Two, 8th Floor Jersey City, New Jersey 07311-1104 PHONE: (800) 535-2711		
Policy #: WDL10269714-001	Effective From: 10/1/2016	To: 12/31/2020
☑ Statutory ☐ Under a Plan or Agreement		
Class(es) of Employees Covered:		
All Employees		

NYS Workers' Compensation Board Customer Service: (877) 632-4996 www.wcb.ny.gov

PRESCRIBED BY THE CHAIR, WORKERS' COMPENSATION BOARD
THIS NOTICE MUST BE POSTED CONSPICUOUSLY IN AND ABOUT THE EMPLOYER'S PLACE OR PLACES OF BUSINESS.

Employers must post DB-120 so that all classes of their employees know who will pay their benefits.

WESCO INSURANCE COMPANY			
Absolut Center F	or Nursing and Rehabilitation at	Allegany LLC	

# STATE OF NEW YORK WORKERS' COMPENSATION BOARD NOTICE OF COMPLIANCE

New York State Disability Benefits

#### **Disability Benefits For Employees**

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WESCO INSURANCE COMPANY 800 Plaza Two, 8th Floor Jersey City, New Jersey 07311-1104 PHONE: (800) 535-2711		
Policy #; WDL10269714-013	Effective From: 10/1/2016	To: 12/31/2020
☑ Statutory ☐ Under a Plan or Agreement		•
Class(es) of Employees Covered:		
All Employees		

NYS Workers' Compensation Board Customer Service: (877) 632-4996 www.wcb.ny.gov

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WESCO	TNSURANCE	COMPANY

Absolut Center for Nursing & Rehabilitation at Aurora Park LLC

# STATE OF NEW YORK WORKERS' COMPENSATION BOARD NOTICE OF COMPLIANCE

New York State Disability Benefits

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WESCO INSURANCE 800 Plaza Two, Jersey City, Ne PHONE: (800) 53	8th Floor ew Jersey 07311-1104			
Policy #: WDL10269714-015		Effective From: 10/1/2016	To: 12/31/2020	
Statutory	Under a Plan or Agreement			
Class(es) of Employees Covered:				
All Employees				

NYS Workers' Compensation Board Customer Service: (877) 632-4996 www.wcb.ny.gov

PRESCRIBED BY THE CHAIR, WORKERS' COMPENSATION BOARD
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WESCO INSURANCE COMPANY		
Absolut Center For Nursing and Rehabilitation a	at Gasport	LLC

New York State Disability Benefits

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WESCO INSURAN 800 Plaza Two Jersey City, PHONE: (800)	o, 8th Floor New Jersey 07311-1104		
Policy #: WDL10	0269714~002	Effective From: 10/1/2016	To: 12/31/2020
☑ Statutory	☐ Under a Plan or Agreement		
Class(es) of Em	nployees Covered:		
All Employe	es		

NYS Workers' Compensation Board Customer Service: (877) 632-4996 www.wcb.ny.gov

 WESCO INSURANCE COMPANY	
 Absolut at Orchard Brooke LLC	

New York State Disability Benefits

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WESCO INSURANCE COMPANY 800 Plaza Two, 8th Floor Jersey City, New Jersey 07311-1104 PHONE: (800) 535-2711		
Policy #: WDL:10269714-003	Effective From: 10/1/2016	To: 12/31/2020
☑ Statutory ☐ Under a Plan or Agreement		
Class(es) of Employees Covered:		
All Employees		

NYS Workers' Compensation Board Customer Service: (877) 632-4996 www.wcb.ny.gov

WESCO INSURANCE COMPANY		
Absolut Center For Nurs	sing and Rehabilitation at Orchard Park LLC	

New York State Disability Benefits

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WESCO INSURAN 800 Plaza Two Jersey City, PHONE: (800)	o, 8th Floor New Jersey 07311-1104		
Policy #: WDL10	0269714-007	Effective From: 10/1/2016	To: 12/31/2020
☑ Statutory	Under a Plan or Agreement		
Class(es) of En	nployees Covered:		
All Employe	ees		

NYS Workers' Compensation Board Customer Service: (877) 632-4996 www.wcb.ny.gov

 WESCO INSURANCE COMPANY
Absolut Center For Nursing and Rehabilitation at Three Rivers LLC

# STATE OF NEW YORK WORKERS' COMPENSATION BOARD

## NOTICE OF COMPLIANCE

New York State Disability Benefits

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WESCO INSURANCE COMPANY 800 Plaza Two, 8th Floor Jersey City, New Jersey 07311-1104 PHONE: (800) 535-2711		
Policy #_WDL10269714-008	Effective From: 10/1/2016	To: 12/31/2020
✓ Statutory Under a Plan or Agreement		
☑ Statutory ☐ Under a Plan or Agreement		

NYS Workers' Compensation Board Customer Service: (877) 632-4996 www.wcb.ny.gov

	WESCO	INSURANCE COMPANY	
Absolut	Center for Nursin	g and Rehabilitation at	: Westfield LLC

New York State Disability Benefits

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Policy #: WDL10269714-009	Effective From: 10/1/2016	To: 12/31/2020
✓ Statutory		
Class(es) of Employees Covered:		
All Employees		

NYS Workers' Compensation Board Customer Service: (877) 632-4996 www.wcb.ny.gov



### CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 09/20/2019

CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER. IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s). CONTACT NAME: Debbie Kinkead PRODUCER FAX (A/C, No): (865) 694-4847 TIS Insurance Services, Inc. PHONE (865) 691-4847 {A/C, No, Ext}; E-MAIL 1900 Winston Road, Suite 100 dkinkead@tisins.com ADDRESS: P.O. Box 10328 INSURER(S) AFFORDING COVERAGE NAIC # TN 37939-0328 20281 Knoxville Federal Insurance Co/Chubb INSURER A: INSURED INSURER B : Absolut Facilities Management, LLC INSURER C : 300 Gleed Avenue INSURER D : INSURER E : NY 14052 East Aurora INSURER F : 19-20 Crime COVERAGES **CERTIFICATE NUMBER: REVISION NUMBER:** THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS. ADDLISUBF POLICY EFF POLICY EXP (MM/DD/YYYY) (MM/DD/YYYY) TYPE OF INSURANCE POLICY NUMBER LIMITS COMMERCIAL GENERAL LIABILITY EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) CLAIMS-MADE OCCUR MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GEN'L AGGREGATE LIMIT APPLIES PER: GENERAL AGGREGATE PRO-JECT POLICY PRODUCTS - COMP/OP AGG \$ OTHER: COMBINED SINGLE LIMIT (Ea accident) AUTOMOBILE LIABILITY \$ BODILY INJURY (Per person) ANY AUTO \$ OWNED AUTOS ONLY HIRED SCHEDULED AUTOS NON-OWNED AUTOS ONLY BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ AUTOS ONLY s UMBRELLA LIAB OCCUR EACH OCCURRENCE **EXCESS LIAB** AGGREGATE CLAIMS-MADE RETENTION \$ OED WORKERS COMPENSATION PER STATUTE AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandalory in NH) E.L. EACH ACCIDENT N/A

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

82234980

Certificate Holder is listed as Additional Notified Party

If yes, describe under DESCRIPTION OF OPERATIONS below

Crime Coverage

Employee Dishonesty

CERTIFICATI	E HULUEK		CANCELLATION
	United States Trustee United States Federal Build 201 Varick Street, Suite 1006	ling	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
	201 Valick Street, State 1000		AUTHORIZED REPRESENTATIVE
[	New York	NY 10014-4811	Elward Blin-

03/15/2019

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03/15/2020

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E,L, DISEASE - EA EMPLOYEE

E.L. DISEASE - POLICY LIMIT

Includes ERISA-401k

\$500,000

Additional Named Insureds	
Other Named Insureds	
02 Absolut Ctr for Nurs & Rehab at Aurora Park LLC	FEIN: 20-8468266
03 Absolut Ctr for Nurs & Rehab at Orchard Park LLC	FEIN: 20-8468300
04 Absolut Ctr for Nurs & Rehab at Three Rivers LLC	FEIN: 20-8468133
05 Absolut Ctr for Nurs & Rehab at Westfield LLC	FEIN: 20-8467924
06 Absolut Ctr for Nurs & Rehab at Allegany LLC	FEIN: 20-8467875
07 Absolut Ctr for Nurs & Rehab at Gasport LLC	FEIN: 20-8468080
08 Absolut at Orchard Brooke, LLC	FEIN: 20-8471641
1	

OFAPPINF (02/2007)

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Case 8-19-76263-ast Doc 25 Filed 10/21/19 Entered 10/21/19 19:56:57

#### Mattucci, Lisa

From: Hayli Dunn <hdunn@tisins.com> Sent:

Friday, September 20, 2019 11:39 AM

To: Mattucci, Lisa Cc: Hoffman, Phil

RE: Absolut Crime and Surety Bonds Subject:

Attachments: Absolut Facilities COI, PDF

Please see attached Crime certificate. I have submitted the request to be processed on the bonds, and documentation will be forwarded when possible.

Thank you,

## **Hayli Dunn**

Account Manager HealthCare Services Division

TIS Insurance Services, Inc. 1900 N. Winston Road, Suite 100 Knoxville, TN 37919 Learn more at TISins.com

o: 865.470.3712 m: 423.465.1824

f: 865.824.3912

NOTICE. You cannot bind, after or cancel coverage without speaking to an subjorized representative of TIS Insurance Services, Inc. Coverage cannot to bound without written confirmation from an authorized representative of H8. This email and any files transmitted with it are not encrypted and may contain privileged or other confidential information and is intended solely for the use of the individual or entity to whom they are addressed. If you are not the intended recipient or entity, or believe that you may have received this email in error, please reply to the sender indicating that fact and delete the copy you received. In addition, you should not print, copy, retransmit. disseminate or otherwise use this information. Thank you,

From: Mattucci, Lisa <LISAM@billitco.com> Sent: Friday, September 20, 2019 8:11 AM To: Hayli Dunn <hdunn@tisins.com>

Cc: Hoffman, Phil <phoffman@billitco.com>

Subject: RE: Absolut Crime and Surety Bonds

United States Trustee United States Federal Building 201 Varick Street, Suite 1006 New York, NY 10014-4811

From: Hayli Dunn [mailto:hdunn@tisins.com] Sent: Friday, September 20, 2019 7:57 AM

To: Mattucci, Lisa Cc: Hoffman, Phil

Subject: RE: Absolut Crime and Surety Bonds

Do have an address for United States Trustee?

Thank you!

## **CONTINUATION CERTIFICATE**

In consideration of the premium charged, The Ohio Casualty Insurance Co	mpany, as	Surety,	
hereby continues in force BOND NO. <u>4036475</u>		<del></del>	
in the amount of <u>Twenty Five Thousand</u>	_Dollars (	\$25,000.00	),
on behalf of Absolut Center for Nursing & Rehabilitation at Allegany, LL	c		as Principal,
in favor of New York State Department of Health			
as obligee, for the period BEGINNING <u>02/01/2019</u> and ENDING <u>02/0</u>	1/2020	,	
subject to all terms and conditions of said bond; PROVIDED that the liabil Company (Surety) shall not exceed in the aggregate the amount above we occurred during the term of said bond or during any continuation or contitue the said term and partly during any continuation or continuations thereof	itten, whe nuations t	ther the loss	shall have
Signed and Sealed this 9th day of January , 2019	·		
The Ohio Casualty Insurance Company (Surety)			
BY: Dam Coleman			
Attornoy-In-Fact Pam Coleman			

SURETY CORPORATE SEAL

THIS POWER OF ATTORNEY IS NOT VALID UNLESS IT IS PRINTED ON RED BACKGROUND.

This Power of Attorney limits the acts of those named herein, and they have no authority to bind the Company except in the manner and to the extent herein stated.

Certificate No. 8144682

business day.

**EST** on any

and 4:30 pm

Шe

00:6

between lidity

1-610-832-8240

of Attorney

Power

S)

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the

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Principal: Absolut Center for Nursing

Liberty Mutual Insurance Company & Rehabilitation at

Bond Number 4036475

Allegany, LLC

The Ohio Casually Insurance Company

West American Insurance Company

Obligee:

New York State Department of Health

#### POWER OF ATTORNEY

KNOWN ALL PERSONS BY THESE PRESENTS: That The Ohlo Casually Insurance Company is a corporation duly organized under the laws of the State of New Hampshire, that Liberty Mutual Insurance Company is a corporation duly organized under the laws of the State of Massachusetts, and West American Insurance Company is a corporation duly organized under the laws of the State of Indiana (herein collectively called the "Companies"), pursuant to and by authority herein set forth, does hereby name, constitute and appoint, Pam Coleman; Amanda Loveday; Charles C. Martin; Tara W. Mealer; Nikki Norman; James F. Oakes; Lavonne Sherrod

each individually if there be more than one named, its true and lawful altorney-in-fact to make, execute, seal, acknowledge all of the city of Knoxville state of TN and deliver, for and on its behalf as surety and as its act and deed, any and all undertakings, bonds, recognizances and other surety obligations, in pursuance of these presents and shall be as binding upon the Companies as if they have been duly signed by the president and attested by the secretary of the Companies in their own proper persons.

IN WITNESS WHEREOF, this Power of Attorney has been subscribed by an authorized officer or official of the Companies and the corporate seats of the Companies have been affixed thereto this 3rd . day of . July 2018

10150

STATE OF PENNSYLVANIA COUNTY OF MONTGOMERY

The Ohio Casualty Insurance Company Liberty Mutual Insurance Company West American Insurance Company

David M. Carey, Assistant Secretary

On this 3rd day of July 2018, before me personally appeared David M. Carey, who acknowledged himself to be the Assistant Secretary of Liberty Mutual Insurance Company, The Ohio Casualty Company, and West American Insurance Company, and that he, as such, being authorized so to do, execute the foregoing instrument for the purposes therein contained by signing on behalf of the corporations by himself as a duly authorized officer.

IN WITNESS WHEREOF, I have hereunto subscribed my name and affixed my notarial seal at King of Prussia, Pennsylvania, on the day and year first above written.



COMMONWEALTH OF PENNSYLVANIA

Notariál Séal Toresa Pastella, Notary Public Upper Merion Twp., Montgomery County My Commission Expires March 28, 2021

Member, Peonsylvania Association of Notaries

This Power of Attorney is made and executed pursuant to and by authority of the following By-laws and Authorizations of The Ohio Casualty Insurance Company, Liberty Mutual Insurance Company, and West American Insurance Company which resolutions are now in full force and effect reading as follows:

ARTICLE IV - OFFICERS - Section 12, Power of Allorney. Any officer or other official of the Corporation authorized for that purpose in writing by the Chairman or the President, and subject to such limitation as the Chairman or the President may prescribe, shall appoint such attorneys in-fact, as may be necessary to act in behalf of the Corporation to make, execute, seal, acknowledge and deliver as surely any and all undertakings, bonds, recognizances and other surely obligations. Such attorneys-in-fact, subject to the limitations set forth in their respective powers of attorney, shall have full power to bind the Corporation by their signature and execution of any such Instruments and to attach thereto the seal of the Corporation. When so executed, such instruments shall be as binding as if signed by the President and attested to by the Secretary. Any power or authority granted to any representative or attorney in fact under the provisions of this article may be revoked at any time by the Board, the Chairman, the President or by the officer or officers granting such power or authority.

ARTICLE XIII - Execution of Contracts - SECTION 5. Surety Bonds and Undertakings, Any officer of the Company authorized for that purpose in writing by the chairman or the president; and subject to such limitations as the chairman or the president may presente, shall appoint such attorneys in fact, as may be necessary to act in behalf of the Company to make, execute, seal, acknowledge and deliver as surety any and all undertakings, bonds, recognizances and other surety obligations. Such attorneys in-fact subject to the limitations set forth in their respective powers of attorney, shall have full power to bind the Company by their signature and execution of any such instruments and to attach thereto the seat of the Company. When so executed such instruments shall be as binding as if signed by the president and attested by the secretary.

Certificate of Designation - The President of the Company, acting pursuant to the Bylaws of the Company, authorizes David M. Carey, Assistant Secretary to appoint such attorneys-infact as may be necessary to act on behalf of the Company to make, execute, seal, acknowledge and deliver as surely any and all undertakings, bonds, recognizances and other surety obligations.

Authorization - By unanimous consent of the Company's Board of Directors, the Company consents that facsimile or mechanically reproduced signature of any assistant secretary of the Company, wherever appearing upon a certified copy of any power of attorney issued by the Company in connection with surety bonds, shall be valid and binding upon the Company with the same force and effect as though manually affixed.

I, Renee C. Ljewellyn, the undersigned, Assistant Secretary, The Ohio Casualty Insurance Company, Liberty Mutual Insurance Company, and West American Insurance Company do hereby certify that the original power of attorney of which the foregoing is a full, frue and correct copy of the Power of Attorney executed by said Companies, is in full force and effect and has not been revoked.

IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed the seals of said Companies this 9th

day of January



Renee C. Lleweilvii, Assistant Secretary

48 of 100

## **CONTINUATION CERTIFICATE**

In consideration of the p	remium charged, The Ohio C	asualty Insurance Company,	as Surety,
hereby continues in forc	e BOND NO. <u>4036469</u>		
in the amount of <u>One H</u>	undred Forty Thousand	Dollars	( <u>\$140,000.00),</u>
on behalf of <u>Absolut Ce</u>	nter for Nursing & Rehabilit	ation at Aurora Park, LLC	as Principal,
in favor of <u>New York Sta</u>	te Department of Health		
as obligee, for the period	BEGINNING <u>02/01/2019</u>	_ and ENDING <u>02/01/2020</u>	
Company (Surety) shall roccurred during the term	conditions of said bond; PRO not exceed in the aggregate t n of said bond or during any o during any continuation or c	he amount above written, w continuation or continuation	hether the loss shall have
Signed and Sealed this _	9th day of January	, <u>2019</u> .	
The Ohio Casualty Insura	nce Company (Surety)		
ву: От	Coleman	<del></del>	
	ttornov-In-Eact Pam Coloms	n	

SURETY CORPORATE SEAL

THIS POWER OF ATTORNEY IS NOT VALID UNLESS IT IS PRINTED ON RED BACKGROUND.

This Power of Attorney limits the acts of those named herein, and they have no authority to bind the Company except in the manner and to the extent herein stated.

Principal: Absolut Center for Nursing

Liberty Mutual Insurance Company & Rehabilitation at Aurora

Certificate No. 8144682 Bond Number 4036469

Park, LLC

The Ohio Casualty Insurance Company

West American Insurance Company

Obligee:

New York State Department of Health

#### POWER OF ATTORNEY

KNOWN ALL PERSONS BY THESE PRESENTS; That The Ohjo Casualty Insurance Company is a corporation duly organized under the laws of the State of New Hampshire, that Liberty Mutual Insurance Company is a corporation duly organized under the laws of the State of Massachusetts, and West American Insurance Company is a corporation duly organized under the laws of the State of Indiana (herein collectively called the "Companies"), pursuant to and by authority herein set forth, does hereby name, constitute and appoint, Pam Coleman; Amanda Loveday; Charles C. Martin; Tara W. Mealer; Nikki Norman; James F. Oakes; Lavonne Sherrod

all of the city of Knoxville each individually if there be more than one named, its true and lawful altorney-in fact to make, execute, seal, acknowledge and deliver, for and on its behalf as surety and as its act and deed, any and all undertakings, bonds, recognizances and other surety obligations. In pursuance of these presents and shall be as binding upon the Companies as if they have been duly signed by the president and altested by the secretary of the Companies in their own proper persons.

IN WITNESS WHEREOF, this Power of Attorney has been subscribed by an authorized officer or official of the Companies and the corporate seals of the Companies have been affixed thereto this 3rd 2018 day of July



STATE OF PENNSYLVANIA COUNTY OF MONTGOMERY

On this 3rd day of July 2018, before me personally appeared David M. Carey, who acknowledged himself to be the Assistant Secretary of Liberty Mutual Insurance Company, The Ohio Casually Company, and West American insurance Company, and that he, as such, being authorized so to do, execute the foregoing instrument for the purposes therein contained by signing on behalf of the corporations by himself as a duly authorized officer,

IN WITNESS WHEREOF, I have hereunto subscribed my name and affixed my notarial seal at King of Prussia, Pennsylvania, on the day and year first above written.



COMMONWEALTH OF PENNSYLVANIA

Notarial Seal Teresa Pastella, Notary Public-Upper Marian Twp., Montgomery County My Commission Expires March 28, 2021

Member, Pennsylvania Association of Notaries

The Ohio Casualty Insurance Company Liberty Mutual Insurance Company West American Insurance Company

David M. Carey, Assistant Secretary

This Power of Attorney is made and executed pursuant to and by authority of the following By-laws and Authorizations of The Ohio Casualty Insurance Company, Liberty Mutual Insurance Company, and West American Insurance Company which resolutions are now in full force and effect reading as follows:

ARTICLE IV - OFFICERS - Section 12, Power of Attorney, Any officer or other official of the Corporation authorized for that purpose in writing by the Chairman or the President, and subject to such limitation as the Chairman or the President may prescribe, shall appoint such attorneys in-fact, as may be necessary to act in behalf of the Corporation to make, execute, seal, acknowledge and deliver as surely any and all undertakings, bonds, recognizances and other surely obligations. Such attorneys-in-lagt, subject to the limitations set forth in their respective powers of attorney, shall have full power to bind the Corporation by their signature and execution of any such instruments and to attack thereto the seal of the Corporation. When so executed, such instruments shall be as binding as if signed by the President and attested to by the Secretary. Any power or authority granted to any representative or attorney-in-fact under the provisions of this article may be revoked at any time by the Board, the Chairman, the President or by the officer or officers granting such power or authority.

ARTICLE XIII - Execution of Contracts - SECTION 5. Surety Bonds and Undertakings, Any officer of the Company authorized for that purpose in writing by the chairman or the president, and subject to such limitations as the chairman or the president may prescribe, shall appoint such attorneys in fact, as may be necessary to act in behalf of the Company to make, execute, seal, acknowledge and deliver as surety any and all undertakings, bonds, recognizances and other surety obligations. Such attorneys in fact subject to the limitations set forth in their respective powers of attorney, shall have full power to bind the Company by their signature and execution of any such instruments and to attach thereto the seal of the Company. When so executed such instruments shall be as binding as if signed by the president and attested by the secretary.

Certificate of Designation - The President of the Company, acting pursuant to the Bylaws of the Company, authorizes David M. Carey, Assistant Secretary to appoint such attorneys infact as may be necessary to act on behalf of the Company to make, execute, seal, acknowledge and deliver as surely any and all undertakings, bonds, recognizances and other surety obligations.

Authorization - By unanimous consent of the Company's Board of Directors, the Company consents that facsimile or mechanically reproduced signature of any assistant secretary of the Company, wherever appearing upon a certified copy of any power of attorney issued by the Company in connection with surety bonds, shall be valid and binding upon the Company with the same force and effect as though manually affixed.

I, Renee C. Llewellyn, the undersigned, Assistant Secretary, The Ohio Casualty Insurance Company, Liberty Multual Insurance Company, and West American Insurance Company do hereby certify that the original power of attorney of which the foregoing is a full, true and correct copy of the Power of Attorney executed by sald Companies, is in full force and effect and has not been revoked.

IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed the seals of said Companies this 9th day of January

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To confirm the 1-610-832-8240

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Attorney

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Power

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48 of 100

# **CONTINUATION CERTIFICATE**

In consideration of the premium charged, The Ohio Casualty Insurance Col	mpany, as	Surety,	
hereby continues in force BOND NO. 4036476			
in the amount of <u>Thirty Thousand</u>	Dollars (	<u>\$30,000.00</u>	),
on behalf of Absolut Center for Nursing & Rehabilitation at Gasport, LLC			as Principal,
in favor of New York State Department of Health			<u> </u>
as obligee, for the period BEGINNING $02/01/2019$ and ENDING $02/01/2019$	1/2020		
subject to all terms and conditions of said bond; PROVIDED that the liabilicompany (Surety) shall not exceed in the aggregate the amount above write occurred during the term of said bond or during any continuation or continuation or continuation or continuations thereoform.	itten, whe nuations t	ther the loss	shall have
Signed and Sealed this <u>9th</u> day of <u>January</u> , <u>2019</u>	~-·		
The Ohio Casualty Insurance Company (Surety)			
BY: Coleman			
Attorney-In-Fact, Pam Coleman			

SURETY CORPORATE SEAL

valid for mortgage, note, toall, letter of credit,	ency rate, interest rate or residual value guarantees.
rgage, nore, r	terest rate or
Valid for mo	ency rate, in

THIS POWER OF ATTORNEY IS NOT VALID UNLESS IT IS PRINTED ON RED BACKGROUND. This Power of Attorney limits the acts of those named herein, and they have no authority to bind the Company except in the manner and to the extent herein stated. Certificate No. 8144682 Principal: Absolut Center for Nursing & Rehabilitation at Gasport,
The Ohio Casualty Insurance Company Liberty Mutual Insurance Company Bond Numbes 4036476 West American Insurance Company Obligee: **New York State Department of Health** POWER OF ATTORNEY KNOWN ALL PERSONS BY THESE PRESENTS: That The Ohlo Casually Insurance Company is a corporation duly organized under the laws of the State of New Hampshire, that Liberty Mutual Insurance Company is a corporation duly organized under the laws of the State of Massachusetts, and West American Insurance Company is a corporation duly organized under the laws of the State of Indiana (herein collectively called the "Companies"), pursuant to and by authority herein set forth, does hereby name, constitute and appoint, Pam Coleman; Amanda Loveday; Charles C. Martin; Tara W. Meater; Nikki Norman; James F. Oakes; Lavonne Sherrod state of TN each individually if there be more than one named, its true and lawful attorney-in-fact to make, execute, seal, acknowledge all of the city of Knoxville and deliver, for and on its behalf as surety and as its act and deed, any and all undertakings, bonds, recognizances and other surety obligations, in pursuance of these presents and shall be as binding upon the Companies as if they have been duly signed by the president and attested by the secretary of the Companies in their own proper persons. IN WITNESS WHEREOF, this Power of Attorney has been subscribed by an authorized officer or official of the Companies and the corporate seals of the Companies have been affixed <u>, 2018</u> , thereto this 3rd \_\_ day of \_\_July The Ohio Casualty Insurance Company Liberty Mutual Insurance Company 1912 1991 West American Insurance Company David M. Carey Assistant Secretary STATE OF PENNSYLVANIA COUNTY OF MONTGOMERY , 2018, before me personally appeared David M. Carey, who acknowledged himself to be the Assistant Secretary of Liberty Mutual Insurance On this 3rd day of July Company, The Ohio Casualty Company, and West American Insurance Company, and that he, as such, being authorized so to do, execute the foregoing instrument for the purposes therein contained by signing on behalf of the corporations by himself as a duly authorized officer. IN WITNESS WHEREOF, I have hereunto subscribed my name and affixed my notarial seal at King of Prussia, Pennsylvania, on the day and year first above written. PAS) COMMONWEALTH OF PENNSYLVANIA Notarial Seat Power of Teresa Pastella, Notary Public Upper Medion Two., Montgomery County My Commission Expires March 28, 2021 Member Pennsylvania Association of Notarie This Power of Attorney is made and executed pursuant to and by authority of the following By-laws and Authorizations of The Ohio Casualty Insurance Company, Liberty Mutual (V) Insurance Company, and West American Insurance Company which resolutions are now in full force and effect reading as follows: validity of between ARTICLE IV - OFFICERS - Section 12. Power of Altomey, Any officer or other official of the Corporation authorized for that purpose in writing by the Chairman or the President, and subject ö to such limitation as the Chairman or the President may prescribe, shall appoint such attorneys-in-fact, as may be necessary to act in behalf of the Corporation to make, execute, seal, acknowledge and deliver as surely any and all undertakings, bonds, recognizances and other surely obligations. Such attorneys-in-fact, subject to the limitations set forth in their respective powers of attorney, shall have full power to bind the Corporation by their signature and execution of any such Instruments and to attach thereto the seal of the Corporation. When so executed, such instruments shall be as binding as if signed by the President and attested to by the Secretary. Any power or authority granted to any representative or attorney-in-fact under To confirm the 1-610-832-8240 the provisions of this article may be revoked at any time by the Board, the Chairman, the President or by the officer or officers granting such power or authority. ARTICLE XIII - Execution of Contracts - SECTION 5. Surety Bonds and Undertakings. Any officer of the Company authorized for that purpose in writing by the chairman or the president, and subject to such limitations as the chairman or the president may prescribe, shall appoint such attorneys in fact; as may be necessary to act in behalf of the Company to make, execute, seal, acknowledge and deliver as surety any and all undertakings bonds, recognizances and other surety obligations. Such attorneys in fact subject to the limitations set forth in their respective powers of attorney, shall have full power to bind the Company by their signature and execution of any such instruments and to attach thereto the seat of the Company. When so executed such instruments shall be as binding as if signed by the president and attested by the secretary. Certificate of Designation - The President of the Company, acting pursuant to the Bylaws of the Company, authorizes David M. Carey. Assistant Secretary to appoint such attorneys infact as may be necessary to act on behalf of the Company to make, execute, seal, acknowledge and deliver as surely any and all undertakings, bonds, recognizances and other surety obligations. Authorization - By unanimous consent of the Company's Board of Directors, the Company consents that facsimile or mechanically reproduced signature of any assistant secretary of the Company, wherever appearing upon a certified copy of any power of attorney issued by the Company in connection with surety bonds, shall be valid and binding upon the Company with the same force and effect as though manually affixed. I, Renee C. Liewellyn, the undersigned, Assistant Secretary, The Ohio Casualty Insurance Company, Liberty Mulual Insurance Company, and West American Insurance Company do hereby certify that the original power of attorney of which the foregoing is a full, true and correct copy of the Power of Attorney executed by sald Companies, is in full force and effect and has not been revoked. IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed the seals of said Companies this 9th

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# **CONTINUATION CERTIFICATE**

In consideration of the premium charged, The Ohio Casualty Ins	urance Company, as Surety,
hereby continues in force BOND NO. 4036479	
in the amount of <u>Forty Five Thousand</u>	Dollars ( \$45,000.00),
on behalf of Absolut Center for Nursing & Rehabilitation at Or	chard Brooke, LLC as Principal,
in favor of New York State Department of Health	
as obligee, for the period BEGINNING 02/01/2019 and END	ING <u>02/01/2020</u>
subject to all terms and conditions of said bond; PROVIDED that Company (Surety) shall not exceed in the aggregate the amount occurred during the term of said bond or during any continuation the said term and partly during any continuation or continuation	above written, whether the loss shall have on or continuations thereof, or partly during
Signed and Sealed this <u>9th</u> day of <u>January</u> ,	<u>2019</u> .
The Ohio Casualty Insurance Company (Surety)	
BY: Pam Coleman	
Attorney-In-Fact, Pam Coleman	

SURETY CORPORATE SEAL

THIS POWER OF ATTORNEY IS NOT VALID UNLESS IT IS PRINTED ON RED BACKGROUND.

This Power of Attorney limits the acts of those named herein, and they have no authority to bind the Company except in the manner and to the extent herein stated.

Principal: Absolut at Orchard Brooke,

Liberty Mutual Insurance Company

Bond Numb 4036479

Certificate No. 8144682

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To confirm the 1-610-832-8240

4:30 pm

9:00 am and Power

The Ohio Casualty Insurance Company

West American Insurance Company

Obligee:

New York State Department of Health

#### POWER OF ATTORNEY

KNOWN ALL PERSONS BY THESE PRESENTS: That The Ohlo Casualty Insurance Company is a corporation duly organized under the laws of the State of New Hampshire, that Liberty Mutual insurance Company is a corporation duly organized under the laws of the State of Massachusetts, and West American Insurance Company is a corporation duly organized under the laws of the State of Indiana (herein collectively called the "Companies"), pursuant to and by authority herein set lorth, does hereby name, constitute and appoint, Pam Coleman; Amanda Loveday; Charles C. Martin; Tara W. Mealer; Nikki Norman; James F. Oakes; Lavonne Snerrod

\_, state of TN all of the city of Knoxville each individually if there be more than one named, its true and lawful altorney in fact to make, execute, seal, acknowledge and deliver, for and on its behalf as surety and as its set and deed, any and all undertakings, bonds, recognizances and other surety obligations, in pursuance of these presents and shall be as binding upon the Companies as if they have been duly signed by the president and altested by the secretary of the Companies in their own proper persons.

IN WITNESS WHEREOF, this Power of Attorney has been subscribed by an authorized officer or official of the Companies and the corporate seals of the Companies have been affixed thereto lhis, 3rd 2018 \_day of \_July\_



STATE OF PENNSYLVANIA COUNTY OF MONTGOMERY

day of July . 2018, before me personally appeared David M. Carey, who acknowledged himself to be the Assistant Secretary of Liberty Mutual Insurance On this 3rd Company, The Ohio Casually Company, and West American Insurance Company, and that he, as such, being authorized so to do, execute the foregoing instrument for the purposes therein contained by signing on behalf of the corporations by himself as a duly authorized officer,

IN WITNESS WHEREOF, I have hereunto subscribed my name and affixed my notarial seet at King of Prussia, Pennsylvania, on the day and year first above written,



COMMONWEALTH OF PENNSYLVANIA

Notarial Scal Teresa Pastella, Notary Public Upper Marion Typ., Montgomery County My Commission Expires March 28, 2021

The Ohio Casually Insurance Company Liberly Mutual Insurance Company West American Insurance Company

David M. Carey, Assistant Secretary

This Power of Attorney is made and executed pursuant to and by authority of the following By-taws and Authorizations of The Ohio Casualty Insurance Company, Liberty Mutuat Insurance Company, and West American Insurance Company which resolutions are now in full force and effect reading as follows.

ARTICLE IV - OFFICERS - Section 12, Power of Attorney, Any officer or other official of the Corporation authorized for that purpose in writing by the Chairman or the President, and subject to such limitation as the Chairman or the President may prescribe, shall appoint such attorneys-in-fact, as may be necessary to act in behalf of the Corporation to make, execute, seal, acknowledge and deliver as surely any and all undertakings, bonds, recognizances and other surely obligations. Such attorneys-in-fact, subject to the limitations set forth in their respective powers of attorney, shall have full power to bind the Corporation by their signature and execution of any such instruments and to attach thereto the seal of the Corporation. When so executed, such instruments shall be as binding as it signed by the President and altested to by the Secretary. Any power or authority granted to any representative or attorney-in-fact under the provisions of this article may be revoked at any time by the Board, the Chairman, the President or by the officer or officers granting such power or authority.

ARTICLE XIII - Execution of Contracts - SECTION 5 Surety Bonds and Undertakings: Any officer of the Company authorized for that purpose in writing by the charman or the president. and subject to such limitations as the chairman or the president may prescribe, shall appoint such attorneys in fact; as may be necessary to act in behalf of the Company to make, execute, seat, acknowledge and deliver as surety any and all undertakings, bonds, recognizances and other surety obligations. Such allomeys in-fact subject to the limitation's set forth in their respective powers of attorney, shall have full power to bind the Company by their signature and execution of any such instruments and to attach thereto the seal of the Company. When so executed such instruments shall be as binding as if signed by the president and attested by the secretary.

Certificate of Designation - The President of the Company, acting pursuant to the Bylaws of the Company, authorizes David M. Carey, Assistant Secretary to appoint such attorneys-infact as may be necessary to act on behalf of the Company to make, execute, seal, acknowledge and deliver as surety any and all undertakings, bonds, recognizances and other surety obligations.

Authorization - By unanimous consent of the Company's Board of Directors, the Company consents that facsimile or mechanically reproduced signature of any assistant secretary of the Company, wherever appearing upon a certified copy of any power of altorney issued by the Company in connection with surety bonds, shall be valid and binding upon the Company with the same force and effect as though manually affixed.

I, Renee C. Llewellyn, the undersigned, Assistant Secretary, The Otiko Casualty Insurance Company, Liberty Mutual Insurance Company, and West American Insurance Company hereby certify that the original power of attorney of which the foregoing is a full, true and correct copy of the Power of Attorney executed by said Companies, is in full force and effect and has not been revoked.

IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed the seals of said Companies this 9th

\_day of \_lanuary





Renee C. Llewellyn, Assistant Secretary

# **CONTINUATION CERTIFICATE**

In consideration of the premium charged, The Ohio Casualty Insuran	ice Company, as Surety,
hereby continues in force BOND NO. <u>4036468</u>	
in the amount of <u>One Hundred Thousand</u>	Dollars ( \$100,000.00),
on behalf of Absolut Center for Nursing & Rehabilitation at Orchar	d Park, LLC as Principal,
in favor of New York State Department of Health	
as obligee, for the period BEGINNING <u>02/01/2019</u> and ENDING	02/01/2020,
subject to all terms and conditions of said bond; PROVIDED that the Company (Surety) shall not exceed in the aggregate the amount abo occurred during the term of said bond or during any continuation or the said term and partly during any continuation or continuations the	ve written, whether the loss shall have continuations thereof, or partly during
Signed and Sealed this 9th day of January , 201	<u>19</u> .
The Ohio Casualty Insurance Company (Surety)	
BY: _ Coleman	
Attorney-In-Fact, Pam Coleman	

SURETY CORPORATE SEAL

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THIS POWER OF ATTORNEY IS NOT VALID UNLESS IT IS PRINTED ON RED BACKGROUND. This Power of Attorney limits the acts of those named herein, and they have no authority to bind the Company except in the manner and to the extent herein stated. Cerlificate No. 8144682 Principal: Absolut Center for Nursing & Rehabilitation at Orchard
The Ohio Casually Insurance Company Liberty Mutual Insurance Company Bond Numb 4036468 West American Insurance Company Obligee: **New York State Department of Health** POWER OF ATTORNEY KNOWN ALL PERSONS BY THESE PRESENTS: That The Ohlo Casualty Insurance Company is a corporation duly organized under the laws of the State of New Hampshire, that Liberty Mutual Insurance Company is a corporation duly organized under the laws of the State of Massachusetts, and West American Insurance Company is a corporation duly organized under the laws of the State of Indiana (herein collectively called the "Companies"), pursuant to and by authority herein set forth, does hereby name, constitute and appoint, Pam Coleman; Amanda Loveday; Charles C. Martin; Tara W. Mealer; Nikki Norman; James F. Oakes; Lavonne Sherrod each individually if there he more than one named, its true and lawful attorney in-fact to make, execute, seal, acknowledge state of TN all of the city of Knoxville and deliver, for and on its behalf as surety and as its act and deed, any and all undertakings, bonds, recognizences and other surety obligations. In pursuance of these presents and shall be as binding upon the Companies as if they have been duty signed by the president and attested by the secretary of the Companies at their own proper persons. IN WITNESS WHEREOF, this Power of Allomey has been subscribed by an authorized officer or official of the Companies and the corporate seals of the Companies have been affixed \_\_ day of \_\_July 2018 thereto this 3rd The Ohio Casualty Insurance Company Liberty Mutual Insurance Company (001 West American Insurance Company STATE OF PENNSYLVANIA COUNTY OF MONTGOMERY On this 3rd day of July Company, The Ohio Casually Company, and West American Insurance Company, and that he, as such, being authorized so to do, execute the foregoing instrument for the purposes therein contained by signing on behalf of the corporations by himself as a duly authorized officer. IN WITNESS WHEREOF, I have hereunto subscribed my name and affixed my notarial seal at King of Prussia, Pennsylvania, on the day and year first above written. COMMONWEALTH OF PENNSYLVANIA PAS) Notarial Seal Teresa Pastella, Notary Public Upper Merion Twp., Montgomery County My Commission Expires March 28, 2021 This Power of Attorney is made and executed pursuant to and by authority of the following By-laws and Authorizations of The Ohio Casualty Insurance Company, Liberty Mutual Insurance Company, and West American Insurance Company which resolutions are now in full force and effect reading as follows: ARTICLE IV - OFFICERS - Section 12. Power of Attorney. Any officer or other official of the Corporation authorized for that purpose in writing by the Chairman or the President, and subject to such limitation as the Chairman or the President may prescribe, shall appoint such attorneys in-fact, as may be necessary to act in behalf of the Corporation to make, execute, seal, acknowledge and deliver as surely any and all undertakings, bonds, recognizances and other surely obligations. Such attorneys-in-fact, subject to the limitations set forth in their respective powers of attorney, shall have full power to bind the Corporation by their signature and execution of any such instruments and to attach thereto the seal of the Corporation. When so executed, such instruments shall be as binding as if signed by the President and attested to by the Secretary. Any power or authority granted to any representative or attorney-in-fact under the provisions of this article may be revoked at any time by the Board, the Chairman, the President or by the officer or officers granting such power or authority. ARTICLE XIII - Execution of Contracts - SECTION 5. Surety Bonds and Undertakings. Any officer of the Company authorized for that purpose in writing by the chairman or the president, and subject to such limitations as the chairman or the president may prescribe, shall appoint such attorneys in fact, as may be necessary to act in behalf of the Company to make, execute, seal, acknowledge and deliver as surety any and all underlakings, bonds, recognizances and other surety obligations. Such altomosys-in-fact subject to the limitations set forth in their respective powers of altomey, shall have full power to bind the Company by their signalure and execution of any such instruments and to attach thereto the seal of the Company. When so executed such instruments shall be as binding as it signed by the president and attested by the secretary. Certificate of Designation - The President of the Company, acting pursuant to the Bylaws of the Company, authorizes David M. Carey, Assistant Secretary to appoint such attorneys in fact as may be necessary to act on behalf of the Company to make, execute, seal, acknowledge and deliver as surely any and all undertakings, bonds, recognizances and other surety Authorization - By unanimous consent of the Company's Board of Directors, the Company consents that facsimile or mechanically reproduced signature of any assistant secretary of the Company, wherever appearing upon a certified copy of any power of attorney Issued by the Company in connection with gurety bonds, shall be valid and binding upon the Company with the same force and effect as though manually affixed. I. Renee C. Llewellyn, the undersigned, Assistant Secretary, The Ohio Casualty Insurance Company, Liberty Mutual Insurance Company, and West American Insurance Company do hereby certify that the original power of attorney of which the foregoing is a full, true and correct copy of the Power of Attorney executed by said Companies, is in full force and effect and IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed the seals of said Companies this 9th day of January

Renee C. Llewellyn, Assistant Secretary

business day

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**EST** on

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9:00

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confirm the 10-832-8240

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Attorney

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# **CONTINUATION CERTIFICATE**

In consideration of the premium charged, The Uni	io Casualty Insurance Company, as Surety,
hereby continues in force BOND NO. 4036470	
in the amount of <u>Thirty Thousand</u>	Dollars ( \$30,000.00),
on behalf of <u>Absolut Center for Nursing &amp; Rehab</u>	pilitation at Three Rivers, LLC as Princip
in favor of <u>New York State Department of He</u> alth	n
as obligee, for the period BEGINNING <u>02/01/201</u>	<u>9</u> and ENDING <u>02/01/2020</u> ,
Company (Surety) shall not exceed in the aggrega	PROVIDED that the liability of The Ohio Casualty Insurance ate the amount above written, whether the loss shall have any continuation or continuations thereof, or partly during or continuations thereof.
Signed and Sealed this <u>9th</u> day of <u>Janua</u>	ary , 2019 .
The Ohio Casualty Insurance Company (Surety)	
BY: Dom Coleman	
Attorney-In-Fact, Pam Col	eman

SURETY CORPORATE SEAL

THIS POWER OF ATTORNEY IS NOT VALID UNLESS IT IS PRINTED ON RED BACKGROUND.

This Power of Attorney limits the acts of those named herein, and they have no authority to bind the Company except in the manner and to the extent herein stated. Certificate No. 8144682

Principal: Absolut Center for Nursing

& Rehabilitation at Three

Liberty Mutual Insurance Company

Bond Numb 4036470

business day

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confirm the 10-832-8240

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Rivers, LLC

The Ohio Casually Insurance Company

West American Insurance Company

Obligee:

**New York State Department of Health** 

#### POWER OF ATTORNEY

KNOWN ALL PERSONS BY THESE PRESENTS; That The Ohlo Casualty Insurance Company is a corporation duly organized under the laws of the State of New Hampshire, that Liberty Mutual Insurance Company is a corporation duly organized under the laws of the State of Massachusetts, and West American Insurance Company is a corporation duly organized under the laws of the State of Indiana (herein collectively called the "Companies"), pursuant to and by authority herein set forth, does hereby name, constitute and appoint,

Pam Coleman; Amanda Loveday; Charles C. Martin; Tara W. Mealer; Nikki Norman; James F. Oakes; Lavonne Snerrod

\_ state of TN each individually if there be more than one named, its true and lawful attorney in fact to make, execute, seal, acknowledge all of the city of Knoxville and deliver, for and on its behalf as surely and as its act and deed, any and all undertakings, bonds, recognizences and other surely obligations, in pursuance of these presents and shall be as binding upon the Companies as if they have been duly signed by the president and attested by the secretary of the Companies in their own proper persons.

IN WITNESS WHEREOF, this Power of Attorney has been subscribed by an authorized officer or official of the Companies and the corporale seals of the Companies have been affixed thereto this 3rd day of July 2018



STATE OF PENNSYLVANIA COUNTY OF MONTGOMERY

On this 3rd \_day of \_July 2018, before me personally appeared David M. Carey, who acknowledged himself to be the Assistant Secretary of Liberty Mutual Insurance Company, The Ohio Casualty Company, and West American Insurance Company, and that he, as such, being authorized so to do, execute the foregoing instrument for the purposes therein contained by signing on behalf of the corporations by himself as a duly authorized officer.

IN WITNESS WHEREOF, I have hereunto subscribed my name and affixed my notarial seal at King of Prussia, Pennsylvania, on the day and year first above written.



COMMONWEALTH OF PENNSYLVANIA

Notarial Scal Teresa Pastella, Notary Public-Upper Marion Two., Montgomery County My Commission Expires March 28, 2021 dember, Pennsylvania Association of Notaties Teresa Pastella, Notary Public

The Ohio Casualty Insurance Company Liberty Mutual Insurance Company

West American Insurance Company

David M. Carey, Assistant Secretary

This Power of Attorney is made and executed pursuant to and by authority of the following By-laws and Authorizations of The Ohio Casualty Insurance Company, Liberty Mulual Insurance Company, and West American Insurance Company which resolutions are now in full force and effect reading as follows:

ARTICLE IV - OFFICERS - Section 12, Power of Altorney, Any officer or other official of the Corporation authorized for that purpose in writing by the Chairman or the President, and subject to such limitation as the Chairman or the President may prescribe, shalf appoint such attorneys in-fact, as may be necessary to act in behalf of the Corporation to make, execute, seat, acknowledge and deliver as surely any and all undertakings, bonds, recognizances and other surely obligations. Such afterneys in fact, subject to the limitations set forth in their respective powers of attorney, shall have full power to bind the Corporation by their signature and execution of any such instruments and to attach thereto the seal of the Corporation. When so executed, such instruments shall be as binding as if signed by the President and attested to by the Secretary. Any power or authority granted to any representative or attorney-in-fact under the provisions of this article may be revoked at any time by the Board, the Chairman, the President or by the officer or officers granting such power or authority.

ARTICLE XIII - Execution of Contracts - SECTION 5 Surety Bonds and Undertakings, Any officer of the Company authorized for that purpose in writing by the chairman or the president, and subject to such limitations as the chairman or the president may prescribe, shall appoint such attorneys-in-fact; as may be necessary to act in behalf of the Company to make, execute, seal, acknowledge and deliver as surety any and all undertakings, bonds, recognizances and other surety obligations. Such attorneys-in-fact subject to the limitations set forth in their respective powers of altomey, shall have full power to bind the Company by their signature and execution of any such instruments and to attach thereto the seal of the Company. When so executed such instruments shall be as binding as if signed by the president and attested by the secretary.

Certificate of Designation - The President of the Company, acting pursuant to the Bylaws of the Company, authorizes David M. Carey, Assistant Secretary to appoint such attorneys-infact as may be necessary to act on behalf of the Company to make, execute, seal, acknowledge and deliver as surely any and all undertakings, bonds, recognizances and other surety obligations.

Authorization - By unanimous consent of the Company's Board of Directors, the Company consents that facsimile or mechanically reproduced signature of any assistant secretary of the Company, wherever appearing upon a certried copy of any power of attorney Issued by the Company in connection with surety bonds, shall be valid and binding upon the Company with the same force and effect as though manually affixed.

I, Renee C. Llewellyn, the undersigned, Assistant Secretary, The Ohio Casualty Insurance Company, Liberty Mutual Insurance Company, and West American Insurance Company do hereby certify that the original power of attorney of which the foregoing is a fulf, true and correct copy of the Power of Altorney executed by sald Companies, is in full force and effect and has not been revoked.

IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed the seals of said Companies this 9th





## **CONTINUATION CERTIFICATE**

In consideration of the premium char	ged, The Ohio Casualty	Insurance Company, as Surety,	
hereby continues in force BOND NO.	4036471		
in the amount of <u>Thirty Thousand</u>		Dollars ( <u>\$30,000.0</u>	<u>),</u>
on behalf of <u>Absolut Center for Nurs</u>	ing & Rehabilitation at	Westfield, LLC	as Principal,
in favor of <u>New York State Departme</u>	ent of Health		
as obligee, for the period BEGINNING	02/01/2019 and E	NDING <u>02/01/2020</u> ,	
subject to all terms and conditions of Company (Surety) shall not exceed in occurred during the term of said bond the said term and partly during any co	the aggregate the amou for during any continua	unt above written, whether the loation or continuations thereof, or p	ss shall have
Signed and Sealed this 9th d	ay of <u>January</u>	, <u>2019</u> .	
The Ohio Casualty Insurance Compan	y (Surety)		
BY: Dom Coleman	· 	_	
Attorney-In-Fa	act, Pam Coleman		

SURETY CORPORATE SEAL

## THIS POWER OF ATTORNEY IS NOT VALID UNLESS IT IS PRINTED ON RED BACKGROUND.

This Power of Attorney limits the acts of those named herein, and they have no authority to bind the Company except in the manner and to the extent herein stated.

Principal: Absolut Center for Nursing

Liberty Mutual Insurance Company & Rehabilitation at

Certificate No. 8144682 Bond Number 4036471

The Ohio Casualty Insurance Company Liberty Mutual Insurance Company

West American Insurance Company

David M. Carey, Assistant Secretary

Westfield, LLC

The Ohio Casualty Insurance Company

West American Insurance Company

Obligee:

New York State Department of Health

#### POWER OF ATTORNEY

KNOWN ALL PERSONS BY THESE PRESENTS: That The Ohio Casualty Insurance Company is a corporation duly organized under the laws of the State of New Hampshire, that Liberty Mutual Insurance Company is a corporation duly organized under the laws of the State of Massachusetts, and West American Insurance Company is a corporation duly organized under the laws of the State of Indiana (herein collectively called the "Companies"), pursuant to and by authority herein set forth, does hereby name, constitute and appoint, Pam Coleman; Amanda Loveday; Charles C. Martin; Tara W. Mealer; Nikki Norman; James F. Oakes; Lavonne Sherrod

state of TN each individually if there be more than one named, its true and lawful attorney-in-fact to make, execute, seal, acknowledge all of the city of Knoxville and deliver, for and on its behalf as surety and as its set and deed, any and all undertakings, bonds, recognizances and other surety obligations, in pursuance of these presents and shall be as binding upon the Companies as if they have been duly signed by the president and attested by the secretary of the Companies in their own proper persons.

IN WITNESS WHEREOF, this Power of Attorney has been subscribed by an authorized officer or official of the Companies and the corporate seals of the Companies have been affixed thereto this 3rd \_day of \_July



STATE OF PENNSYLVANIA COUNTY OF MONTGOMERY

On this 3rd day of July \_, <u>2018</u>, before me personally appeared David M. Carey, who acknowledged himself to be the Assistant Secretary of Liberty Mutual Insurance Company, The Ohio Casualty Company, and West American Insurance Company, and that he, as such, being authorized so to do, execute the foregoing instrument for the purposes therein contained by signing on behalf of the corporations by himself as a duly authorized officer.

IN WITNESS WHEREOF, I have hereunto subscribed my name and affixed my notarial seal at King of Prussia, Pennsylvania, on the day and year first above written.



COMMONWEALTH OF PENNSYLVANIA

Notarial Scal Teresa Pastella, Notary Public Upper Merion Twp., Montgomery County My Commission Expires March 28, 2021

This Power of Attorney is made and executed pursuant to and by authority of the following By-laws and Authorizations of The Ohio Casualty Insurance Company, Liberty Mutual Insurance Company, and West American Insurance Company which resolutions are now in full force and effect reading as follows:

ARTICLE IV - OFFICERS - Section 12, Power of Attorney, Any officer or other official of the Corporation authorized for that purpose in writing by the Chairman or the President, and subject to such limitation as the Chairman or the President may prescribe, shall appoint such attorneys in-fact, as may be necessary to act in behalf of the Comparation to make, execute, seal, acknowledge and deliver as surely any and all undertakings, bonds, recognizances and other surely obligations. Such afterneys in fact, subject to the limitations set forth in their respective powers of attorney, shall have full power to bind the Corporation by their signature and execution of any such instruments and to attach thereto the seal of the Corporation. When so executed, such instruments shall be as binding as if signed by the President and attested to by the Secretary. Any power or authority granted to any representative or attorney-in-fact under the provisions of this article may be revoked at any time by the Board, the Chairman, the President or by the officer or officers granting such power or authority.

ARTICLE XIII - Execution of Contracts - SECTION 5. Surety Bonds and Undertakings. Any officer of the Company authorized for that purpose in writing by the chairman or the president. and subject to such limitations as the chairman or the president may prescribe, shall appoint such attorneys-in-fact, as may be necessary to act in behalf of the Company to make, execute, seal, acknowledge and deliver as surety any and all undertakings, bonds, recognizances and other surety obligations. Such attorneys in facil subject to the limitations set forth in their respective powers of attorney, shall have full power to bind the Company by their signature and execution of any such instruments and to attach thereto the seal of the Company. When so executed such instruments shall be as binding as if signed by the president and attested by the secretary.

Certificate of Designation - The President of the Company, acting pursuant to the Bylaws of the Company, authorizes David M. Carey, Assistant Secretary to appoint such attorneys in fact as may be necessary to act on behalf of the Company to make, execute, seal, acknowledge and deliver as surely any and all undertakings, bonds, recognizances and other surely

Authorization - By unanimous consent of the Company's Board of Directors, the Company consents that facsimile or mechanically reproduced signature of any assistant secretary of the Company, wherever appearing upon a certified copy of any power of attorney Issued by the Company in connection with surety bonds, shall be valid and binding upon the Company with the same force and effect as though manually affixed.

I, Renee C. Llewellyn, the undersigned, Assistant Secretary, The Otio Casualty Insurance Company, Liberty Mutual Insurance Company, and West American Insurance Company do hereby certify that the original power of attorney of which the foregoing is a full, live and correct copy of the Power of Attorney executed by sald Companies, is in full force and effect and has not been revoked.

IN TESTIMONY WHEREOF, I have hereunlo set my hand and affixed the seals of said Companies this 9th

day of January

business day

am and 4:30 pm EST on any

g

of Attorney

Power

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confirm the validity of 10-832-8240 between

15

9:00





Renee C. Llewellyn, Assistant Secretary

48 of 100

INSURANCE CERTIFICATE -- FOR HIRE PASSENGER VEHICLE

#### 154 GREAT AMERICAN INS CO

718-333-1155

Name & Address of Issuer Grandview Brokerage Inc. 1815 65th Street

Brooklyn, NY 11204

An authorized NEW YORK insurer certifies that it has issued a liability policy complying with Section 370 of the NEW YORK Vehicle and Traffic Law to:

> ABSOLUT; FACILITIES **MANAGEMENT 300 GLEED AVENUE** EAST AURORA NY 14052

Policy Number

CAP1554288

Effective Date **Expiration Date** 08/01/2019 03/01/2020

12:01 a.m.

(Not acceptable to obtain registration after 45 days from effective date.)

Applicable with respect to the following Motor Vehicle

2016

**FORD** 

Year Make

1FDEE3FL2GDC19048 Vehicle Identification Number

12 Seats The name of the registrant and the name of the insured must coincide.

an ID card if insurance is not in

effect may be committing a

misdemeanor.

THIS ID CARD MUST BE CARRIED

IN THE INSURED VEHICLE FOR PRODUCTION UPON DEMAND

WARNING: Any person who issues or produces an ID card knowing that

an Owner's Policy of insurance is not in

effect may be committing a misdemeanor. In addition, a person who presents

REPLACEMENT VEHICLE NOTATION: DMV WILL ONLY PROCESS A VEHICLE CHANGE (RE-REGISTRATION) USING THE REPLACED VEHICLE'S CURRENT REGISTRATION.



FH-1

#### NEW YORK STATE DEPARTMENT OF MOTOR VEHICLES

INSURANCE CERTIFICATE -- FOR HIRE PASSENGER VEHICLE

#### 154 GREAT AMERICAN INS CO

Name & Address of Issuer Grandview Brokerage Inc.

718-333-1155

1815 65th Street

Brooklyn, NY 11204

An authorized NEW YORK insurer certifies that it has issued a liability policy complying with Section 370 of the NEW YORK Vehicle and Traffic Law to:

> ABSOLUT; FACILITIES MANAGEMENT **300 GLEED AVENUE EAST AURORA NY 14052**

Policy Number CAP1554288

Effective Date

08/01/2019

12:01 a.m.

03/01/2020 12:01 a.m.

**Expiration Date** 

(Not acceptable to obtain registration after 45 days from effective date.)

Applicable with respect to the following Motor Vehicle:

2016

**FORD** 

Year

1FDEE3FL2GDC19048 Vehicle Identification Number

12 Seats THIS ID CARD MUST BE CARRIED IN THE INSURED VEHICLE FOR PRODUCTION UPON DEMAND

WARNING: Any person who issues or produces an ID card knowing that an Owner's Policy of insurance is not in effect may be committing a misdemeanor. In addition, a person who presents an ID card if insurance is not in effect may be committing a misdemeanor.

The name of the registrant and the name of the insured must coincide.

REPLACEMENT VEHICLE NOTATION: DMV WILL ONLY PROCESS A VEHICLE CHANGE (RE-REGISTRATION) USING THE REPLACED VEHICLE'S CURRENT REGISTRATION.



FH-1

#### FAX: Scanable Bar Code



- The entire page must be faxed.
- 2. If submitted to DMV, either the entire page or the second ID card and large scanable bar code will be retained
- 3. A faxed ID card must be replaced with a scanable ID card within 14 days of the effective date.
- 4. DMV will not accept a faxed ID card without a scanable barcode

#### NEW YORK STATE DEPARTMENT OF MOTOR VEHICLES

INSURANCE CERTIFICATE - FOR HIRE PASSENGER VEHICLE

154 GREAT AMERICAN INSURANCE COMPANY

Name & Address of Issuer Great American Insurance, 301 E. 4th Street, Cincinnati, OH 45202

An authorized NEW YORK insurer carlifies that it has issued a liability policy complying with Section 370 of the NEW YORK Vehicle and Trafile Law to:

ABSOLUT; FACILITIES MANAGEMENT; LLC 300 GLEED AVE

EAST AURORA, NY 14052

Policy Number CAP1554288

Effective Date 03/01/2018 12:01 a.m.

Expiration Date 03/01/2020 12:01 a.m.

(Not acceptable to obtain registration after 45 days from effective date.)

Applicable with respect to the following Motor Vehicle:

2017 FORD 15 Year Make Seats 1FDVU4XG9HKA03107

Vehicle Identification Number

THIS ID CARD MUST BE CARRIED IN THE INSURED VEHICLE FOR PRODUCTION UPON DEMAND WARNING: Any person who Issues or produces an ID card knowing that an Owner's Policy of insurance is not in effect may be committing a misdemeanor. In addition, a person who presents an IO card if insurance is not in effect may be committing a misdemeanor.

The name of the registrant and the name of the insured must coincide.

REPLACEMENT VEHICLE NOTATION: DMV WILL ONLY PROCESS A VEHICLE CHANGE (RE-REGISTRATION) USING THE REPLACED VEHICLE'S CURRENT REGISTRATION.

FH-1

### NEW YORK STATE DEPARTMENT OF MOTOR VEHICLES

INSURANCE CERTIFICATE - FOR HIRE PASSENGER VEHICLE

154 GREAT AMERICAN INSURANCE COMPANY

Name & Address of Issuer Great American Insurance, 301 E. 4th Street, Cincinnati, OH 45202

An authorized NEW YORK insurer cartilias that it has issued a liability policy complying with Section 370 of the NEW YORK Vohicle and Traffic Law to:

ABSOLUT; FACILITIES
MANAGEMENT; LLC
300 GLEED AVE

EAST AURORA, NY 14052

Policy Number CAP1554288

Effective Date 03/01/2019 12:01 a.m.

Expiration Date 03/01/2020 12:01 a.m.

(Not acceptable to obtain registration after 45 days from effective date.)

Applicable with respect to the following Motor Vehicle:

2017 FORD 15
Year Make Seats
1FDVU4XG9HKA03107
Vehicle Identification Number

THIS ID CARD MUST BE CARRIED IN THE INSURED VEHICLE FOR PRODUCTION UPON DEMAND WARNING: Any person who Issues or produces an ID card knowing that an Owner's Policy of insurance is not in effect may be committing a misdemeanor, in addition, a person who presents an ID card if insurance

The name of the registrant and the name of the insured must coincide.

is not in effect may be

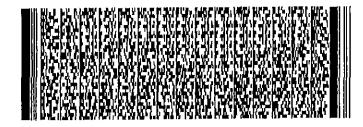
committing a misdemeanor.

REPLACEMENT VEHICLE NOTATION: DMV WILL ONLY PROCESS A VEHICLE CHANGE (RE-REGISTRATION) USING THE REPLACED VEHICLE'S CURRENT REGISTRATION.

FH-1



FAX: Scanable Bar Code



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- DMV will not accept a faxed ID card without a spanable bar code.

#### NEW YORK STATE DEPARTMENT OF MOTOR VEHICLES

INSURANCE CERTIFICATE - FOR HIRE PASSENGER VEHICLE

GREAT AMERICAN INSURANCE COMPANY 154

Name & Address of Issuer Great American Insurance. 301 E. 4th Street, Cincinnati, OH 45202

An authorized NEW YORK insurer certitles that it has issued a trability policy complying with Section 370 of the NEW YORK Valicle and Traffic Law to

ABSOLUT; FACILITIES MANAGEMENT; LLC 300 GLEED AVE EAST AURORA, KY 14052

Policy Number CAP1554288

Effective Date 03/01/2019

Policy Number

CAP1554288

Effective Date

03/01/2010

12:01 a.m.

12:01 a.m.

Expiration Date 03/01/2020 12:01 a.m.

Expiration Date

03/01/2020

12:01 a,m.

(Not acceptable to obtain registration after 45 days from effocievo date.)

Applicable with respect to the following Motor Vehicle:

2017 FORD Year Make Seats 1FDVU4XG3HKA03104 Vehicle Identification Number presents an ID card if Insurance is not in effect may be committing a misdemeanor, The name of the registrant and the name of the insured must

coincide.

THIS ID CARD MUST BE CARRIED

IN THE INSURED VEHICLE FOR

PRODUCTION UPON DEMAND

WARNING: Any person who Issues or produces an ID card

knowing that an Owner's Policy

be committing a misdemeanor, in addition, a person who

of insurance is not in effect may

REPLACEMENT VEHICLE NOTATION: DMV WILL ONLY PROCESS A VEHICLE CHANGE (RE-REGISTRATION) USING THE REPLACED VEHICLE'S CURRENT REGISTRATION.

FH-1



### NEW YORK STATE DEPARTMENT OF MOTOR VEHICLES

INSURANCE CERTIFICATE - FOR HIRE PASSENGER VEHICLE

GREAT AMERICAN INSURANCE COMPANY 154

Name & Address of Issuer Great American Insurance, 301 E. 4th Stroot, Cincinnati, OH 45202

An authorized NEW YORK Insurer certifies that it has issued a liability policy complying with Section 370 of the NEW YORK Vehicle and Traffic Law to:

ABSOLUT; FACILITIES MANAGEMENT; LLC 300 GLEED AVE EAST AURORA, KY 14052

Applicable with respect to the following Motor Vehicle: 2017 FORD 15 Year Make Seats

(Not acceptable to obtain registration after 45 days from effective date.)

1FDVU4XG3HKA03104 Vehicle (dentification Number THIS ID CARD MUST BE CARRIED IN THE INSURED VEHICLE FOR PRODUCTION UPON DEMAND WARNING: Any person who lesues or produces an ID card knowing that an Owner's Policy of insurance is not in effect may be committing a misdemeanor. In addition, a person who presents an ID card if insurance is not in effect may be committing a misdemeanor.

The name of the registrant and the name of the insured must coincide.

REPLACEMENT VEHICLE NOTATION: DMV WILL ONLY PROCESS A VEHICLE CHANGE (RE-REGISTRATION) USING THE REPLACED VEHICLE'S CURRENT REGISTRATION.

FH-1



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#### NEW YORK STATE DEPARTMENT OF MOTOR VEHICLES

INSURANCE CERTIFICATE - FOR HIRE PASSENGER VEHICLE

154 GREAT AMERICAN INSURANCE COMPANY

Name & Address of Issuer Great American Insurance, 301 E. 4th Street, Cincinnati, OH 45202

An authorized NEW YORK Insurer certifles that it has issued a liability policy complying with Section 370 of the NEW YORK Vehicle and Traffic Law to:

ABSOLUT; FACILITIES MANAGEMENT; LLC 300 GLEED AVE EAST AURORA, NY 14052 Pallay Number

CAP1554288 Effective Date

03/01/2019 12:01 a.m. Expiration Date 03/01/2020 12:01 a.m.

(Not acceptable to obtain registration after 45 days from effective date)

Applicable with respect to the following Motor Vehicle:

2017 FORD 15
Year Make Seats
1FDVII4XG1HKA03103

Vehicle Identification Number

THIS ID CARD MUST BE CARRIED IN THE INSURED VEHICLE FOR PRODUCTION UPON DEMAND WARNING: Any person who issues or produces an ID card knowing that an Owner's Policy of insurance is not in effect may be committing a misdemeanor. In addition, a person who presents an ID card if insurance is not in effect may be committing a misdemeanor.

The name of the registrant and the name of the insured must coincide.

REPLACEMENT VEHICLE NOTATION: DMV WILL ONLY PROCESS A VEHICLE CHANGE (RE-REGISTRATION) USING THE REPLACED VEHICLE'S CURRENT REGISTRATION.

FH-1

#### NEW YORK STATE DEPARTMENT OF MOTOR VEHICLES

INSURANCE CERTIFICATE - FOR HIRE PASSENGER VEHICLE

154 GREAT AMERICAN INSURANCE COMPANY

Name & Address of Issuer Great American Insurance, 301 E. 4th Street, Cincinnati, OH 45202

An authorized NEW YORK Insurer certifies that it has Issued a liability policy complying with Section 370 of the NEW YORK Vehicle and Traffic Low to:

ABSOLUT; FACILITIES
MANAGEMENT; LLC
300 GLEED AVE

EAST AURORA, NY 14052

Policy Number CAP1554288

Effective Date 03/01/2019 12:01 a.m. Expiration Date 03/01/2020 12:01 a.m.

(Not acceptable to obtain registration after 45 days from effective data.)
Applicable with respect to the following Motor Vahicle:

2017 FORD 15
Year Make Seats
1FDVU4XG1HKA03103
Vehicle Identification Number

THIS ID CARD MUST BE CARRIED IN THE INSURED VEHICLE FOR PRODUCTION UPON DEMAND WARNING: Any person who

issues or produces an ID card knowing that an Owner's Policy of insurance is not in effect may be committing a misdemeanor. In addition, a person who presents an ID card if insurance is not in effect may be committing a misdemeanor.

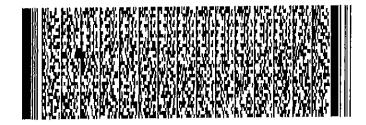
The name of the registrant and the name of the insured must coincide.

REPLACEMENT VEHICLE NOTATION: DMV WILL ONLY PROCESS A VEHICLE CHANGE (RE-REGISTRATION) USING THE REPLACED VEHICLE'S CURRENT REGISTRATION.

FH-1



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- DMV will not accept a faxed ID card without a scanable bar code.

#### NEW YORK STATE DEPARTMENT OF MOTOR VEHICLES

INSURANCE CERTIFICATE - FOR HIRE PASSENGER VEHICLE

GREAT AMERICAN INSURANCE COMPANY 154

Name & Address of Issuer Great American Insurance, 301 E. 4th Stroet, Cincinnati, OH 45202

An authorized NEW YORK insurar certifies that it has issued a liability policy complying with Section 370 of the NEW YORK Vehicle and Traffic Low to:

ABSOLUT; FACILITIES MANAGEMENT: LLC 300 GLEED AVE

EAST AURORA, NY 14052

Policy Number

CAP1554288

Effective Date 03/01/2019

12;01 a.m.

12:01 a.m.

(Not acceptable to obtain registration efter 45 days from effective date.)

Expiration Date

03/01/2020

Applicable with respect to the following Motor Vehicle:

2016 FORD 12 Year Make Seate

1FDEE3FL2GDC16277 Vehicle Identification Number

THIS ID CARD MUST BE CARRIED IN THE INSURED VEHICLE FOR PRODUCTION UPON DEMAND WARNING: Any person who issues or produces an ID card knowing that an Owner's Policy of Insurance is not in effect may be committing a misdemeanor. in addition, a person who presents an ID card if insurance is not in effect may be committing a misdemeanor.

The name of the registrant and the name of the Insured must coincide.

REPLACEMENT VEHICLE NOTATION: DMV WILL ONLY PROCESS A VEHICLE CHANGE (RE-REGISTRATION) USING THE REPLACED VEHICLE'S CURRENT REGISTRATION.

FH-1

#### NEW YORK STATE DEPARTMENT OF MOTOR VEHICLES

INSURANCE CERTIFICATE - FOR HIRE PASSENGER VEHICLE

154 **GREAT AMERICAN INSURANCE COMPANY** 

Name & Address of Issuer Great American Insurance, 301 E. 4th Street, Cincinnati, OH 45202

An authorized NEW YORK insurer certifies that it has issued a liability policy complying with Section 370 of the NEW YORK Vehicle and Traffic Law to:

ABSOLUT; FACILITIES MANAGEMENT; LLC 300 GLEED AVE

EAST AURORA, NY 14052

Policy Number

CAP1554288

Effective Date 03/01/2019

12:01 a.m.

03/01/2020 12:01 a.m.

Expiration Date

(Not acceptable to obtain registration after 45 days from effective date.) Applicable with respect to the following Motor Vehicle:

> 2016 FORD 12 Make Seats Year

1FDEE3FL2GDC16277

Vehicle Identification Number

THIS ID CARD MUST BE CARRIED IN THE INSURED VEHICLE FOR PRODUCTION UPON DEMAND

WARNING: Any person who issues or produces an ID card knowing that an Owner's Policy of insurance is not in effect may be committing a miedemeanor. In addition, a person who presents an ID card If Insurance is not in effect may be committing a misdemeanor.

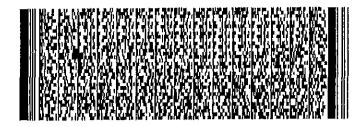
The name of the registrant and the name of the insured must coincide.

REPLACEMENT VEHICLE NOTATION: DMV WILL ONLY PROCESS A VEHICLE CHANGE (RE-REGISTRATION) USING THE REPLACED VEHICLE'S CURRENT REGISTRATION.

FH-1



FAX: Scanable Bar Code



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#### NEW YORK STATE DEPARTMENT OF MOTOR VEHICLES

INSURANCE CERTIFICATE - FOR HIRE PASSENGER VEHICLE

GREAT AMERICAN INSURANCE COMPANY

Name & Address of Issuer Great American Insurance, 301 E. 4th Street, Cincinnali, OH 45202

An authorized NEW YORK insurer certifies that it has issued a liability policy complying with Section 370 of the NEW YORK Vehicle and Traffic Law to:

ABSOLUT; FACILITIES MANAGEMENT; LLC 300 GLEED AVE

EAST AURORA, NY 14052

Policy Number

CAP1554288 Effective Date

03/01/2019 12:01 m.m.

03/01/2020 12:01 a.m.

12

Expiration Date

(Not accoplable to obtain registration after 45 days from effective date)

Applicable with respect to the following Motor Vohicle:

2016 FORD

Year Make Seats 1FDEE3FL0GDC19047

Vehicle Identification Number

THIS ID CARD MUST BE CARRIED IN THE INSURED VEHICLE FOR PRODUCTION UPON DEMAND WARNING: Any person who issues or produces an ID card knowing that an Owner's Policy of Insurance is not in effect may be committing a misdemeanor. In addition, a person who presents an ID card if insurance is not in effect may be committing a misdemeanor.

The name of the registrant and the name of the insured must coincide.

REPLACEMENT VEHICLE NOTATION: DMV WILL ONLY PROCESS A VEHICLE CHANGE (RE-REGISTRATION) USING THE REPLACED VEHICLE'S CURRENT REGISTRATION.

FH-1

#### NEW YORK STATE DEPARTMENT OF MOTOR VEHICLES

INSURANCE CERTIFICATE - FOR HIRE PASSENGER VEHICLE

GREAT AMERICAN INSURANCE COMPANY 154

Name & Address of Issuer Great American Insurance, 301 E. 4th Street, Cincinnati, OH 45202

An authorized NEW YORK Insurer certilins that it has issued a liability poticy complying with Section 370 of the NEW YORK Vehicle and Traffic Law to:

ABSOLUT: FACILITIES MANAGEMENT: LLC 300 GLEED AVE EAST AURORA, NY 14052 Policy Number

CAP1554288

Effective Date 03/01/2019

**Expiration Date** 03/01/2020 12:01 a.m.

12;01 a.m.

(Not acceptable to obtain registration efter 45 days from effective date.)

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Applicable with respect to the following Motor Vehicle:

2016 FORD

Year

Mako Seats

1FDEE3FL0GDC19047 Vehicle Identification Number

THIS ID CARD MUST BE CARRIED IN THE INSURED VEHICLE FOR PRODUCTION UPON DEMAND WARNING: Any person who lesues or produces an ID card knowing that an Owner's Policy of insurance is not in effect may be committing a misdemeanor. In addition, a person who presents an ID card If Insurance is not in effect may be

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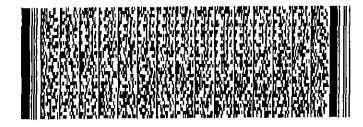
committing a misdemeanor.

REPLACEMENT VEHICLE NOTATION: DMV WILL ONLY PROCESS A VEHICLE CHANGE (RE-REGISTRATION) USING THE REPLACED VEHICLE'S CURRENT REGISTRATION.

FH-1



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INSURANCE CERTIFICATE -- FOR HIRE PASSENGER VEHICLE

GREAT AMERICAN INSURANCE COMP

Name & Address of Issum GRANDVIEW BROKERAGE CORP 1815-66TH STREET

**BROOKLYN, NY 11204** 

An authorized NEW YORK insurer certilles that it has issued a liability policy complying with Section 370 of the NEW YORK Vehicle and Traffic Law to:

> **ABSOLUT; FACILITIES** MANAGEMENT **300 GLEED AVENUE EAST AURORA NY 14052**

Policy Number CAP1554288

Effective Date

03/01/2019

Expiration Date 03/01/2020

12;01 a,m.

12:01 a.m.

(Not acceptable to obtain registration after 45 days from effective date.)

Applicable with respect to the following Motor Vohicle:

2016

**FORD** Make

Year

1FDEE3FLXGDC19041 Vehicle Identification Number

12 Seats

THIS ID CARD MUST BE CARRIED IN THE INSURED VEHICLE FOR PRODUCTION UPON DEMAND

WARNING: Any person who issues or produces an ID card knowing that an Owner's Policy of insurance is not in effect may be committing a misdemeanor. in addition, a person who presents an ID card if insurance is not in effect may be committing a misdemeanor.

The name of the registrant and the name of the insured must coincide,

REPLACEMENT VEHICLE NOTATION: DMV WILL ONLY PROCESS A VEHICLE CHANGE (RE-REGISTRATION) USING THE REPLACED VEHICLE'S CURRENT REGISTRATION.

FH-1

## NEW YORK STATE DEPARTMENT OF MOTOR VEHICLES

INSURANCE CERTIFICATE -- FOR HIRE PASSENGER VEHICLE

**GREAT AMERICAN INSURANCE COMP** 

Name & Address of Issuer

**GRANDVIEW BROKERAGE CORP** 1815-65TH STREET

BROOKLYN, NY 11204
An authorized NEW YORK Insurer certifies that it has issued a liability policy complying with Section 370 of the NEW YORK Vabilde and Traffic Line. Vehicle and Traffic Law to:

> ABSOLUT; FACILITIES MANAGEMENT 300 GLEED AVENUE **EAST AURORA NY 14052**

Policy Number CAP156428B

Effective Date

03/01/2019 12:01 a.m.

03/01/2020 12:01 a m

**Expiration Date** 

(Not acceptable to obtain registration

after 45 days from effective date.)

Applicable with respect to the following Motor Vehicle: **FORD** 2016

Make

1FDEE3FLXGDC19041

Vehicle identification Number

12 Seals

THIS ID CARD MUST BE CARRIED IN THE INSURED VEHICLE FOR PRODUCTION UPON DEMAND

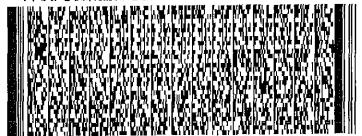
WARNING: Any person who issues or produces an ID card knowing that an Owner's Policy of Insurance is not in effect may be committing a misdemeanor, In addition, a person who presents an ID card if insurance is not in effect may be committing a misdemeanor.

The name of the registrant and the name of the insured must coincide.

REPLACEMENT VEHICLE NOTATION: DMV WILL ONLY PROCESS A VEHICLE CHANGE (RE-REGISTRATION) USING THE REPLACED VEHICLE'S CURRENT REGISTRATION.

FH-1

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INSURANCE CERTIFICATE -- FOR HIRE PASSENGER VEHICLE

**GREAT AMERICAN INSURANCE COMP** 

Name & Address of lander GRANDVIEW BROKERAGE CORP 1816-66TH STREET

BROOKLYN, NY 11204 An authorized NEW YORK Insurer certifies that it has issued a liability policy complying with Section 370 of the NEW YORK Vehicle and Troffic Law to:

> ABSOLUT; FACILITIES MANAGEMENT **300 GLEED AVENUE** EAST AURORA NY 14052

**Policy Number** CAP1554288

Effective Date

03/01/2019

**Expiration Date** 03/01/2020

12;01 a,m,

12:01 a.m. (Not acceptable to obtain registration after 45 days from effective date.)

Applicable with respect to the following Motor Vehicle:

2016

**FORD** Make

1FDEE3FL1GDC19039 Vehicle identification Number

Seals

12

THIS ID CARD MUST BE CARRIED IN THE INSURED VEHICLE FOR PRODUCTION UPON DEMAND

WARNING: Any person who issues or produces an ID card knowing that an Owner's Policy of Insurance is not in effect may be committing a misdemeanor. In addition, a person who presents an ID card if insurance is not in effect may be committing a misdemeanor.

The name of the registrant and the name of the Insured must coincide.

REPLACEMENT VEHICLE NOTATION: DMV WILL ONLY PROCESS A VEHICLE CHANGE (RE-REGISTRATION) USING THE REPLACED VEHICLE'S CURRENT REGISTRATION.

FH-1

## NEW YORK STATE DEPARTMENT OF MOTOR VEHICLES

INSURANCE CERTIFICATE -- FOR HIRE PASSENGER VEHICLE

**GREAT AMERICAN INSURANCE COMP** 

Name & Address of Issuer **GRANDVIEW BROKERAGE CORP** 

**1815-65TH STREET** 

BROOKLYN, NY 11204 An authorized NEW YORK Insurer certifies that it has issued a liability policy complying with Section 370 of the NEW YORK Vehicle and Traffic Law to:

> ABSOLUT; FACILITIES MANAGEMENT 300 GLEED AVENUE EAST AURORA NY 14052

Policy Number CAP1554288

Effective Date

03/01/2019

12:01 a.m.

03/01/2020 12:01 a.m.

**Expiration Date** 

(Not acceptable to obtain registration after 45 days from effective date.)

Applicable with respect to the following Motor Vehicle:

2016

FORD

1FDEE3FL1GDC19039

Vehicle Identification Number

12 Seats THIS ID CARD MUST BE CARRIED IN THE INSURED VEHICLE FOR PRODUCTION UPON DEMAND

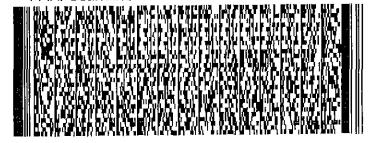
WARNING; Any person who issues or produces an ID card knowing that an Owner's Policy of Insurance is not in effect may be committing a misdemeanor. In addition, a person who presents an ID card if insurance is not in offect may be committing a misdemeanor.

The name of the registrant and the name of the insured must coincide,

REPLACEMENT VEHICLE NOTATION: DMV WILL ONLY PROCESS A VEHICLE CHANGE (RE-REGISTRATION) USING THE REPLACED VEHICLE'S CURRENT REGISTRATION.

FH-1

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INSURANCE CERTIFICATE -- FOR HIRE PASSENGER VEHICLE

**GREAT AMERICAN INSURANCE COMP** 

Name & Address of Issuer GRANDVIEW BROKERAGE CORP **1815-65TH STREET** 

BROOKLYN, NY 11204 An authorized NEW YORK insurer certifies that it has issued a liability policy complying with Section 370 of the NEW YORK Vehicle and Traffic Law to:

> ABSOLUT; FACILITIES MANAGEMENT **300 GLEED AVENUE** EAST AURORA NY 14052

**Policy Number** CAP1554288

Effective Date

03/01/2019

12;01 a.m,

(Not acceptable to obtain registration after 45 days from effective date.)

Applicable with respect to the following Motor Vehicle:

2008 Year

CHEVY Make

1GBDV13W08D131124 Vehicle Identification Number

Seals

**Expiration Date** 

03/01/2020

12:01 a.m.

THIS ID CARD MUST BE CARRIED IN THE INSURED VEHICLE FOR PRODUCTION UPON DEMAND

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REPLACEMENT VEHICLE NOTATION: DMV WILL ONLY PROCESS A VEHICLE CHANGE (RE-REGISTRATION) USING THE REPLACED VEHICLE'S CURRENT REGISTRATION.

FH-1

# NEW YORK STATE DEPARTMENT OF MOTOR VEHICLES

INSURANCE CERTIFICATE -- FOR HIRE PASSENGER VEHICLE

**GREAT AMERICAN INSURANCE COMP** 

Name & Address of Issuer

**GRANDVIEW BROKERAGE CORP 1815-65TH STREET** 

BROOKLYN, NY 11204
An authorized NEW YORK Insurer certifies that it has issued a liability policy complying with Section 370 of the NEW YORK Vehicle and Traffic Law to:

> ABSOLUT: FACILITIES MANAGEMENT **300 GLEED AVENUE EAST AURORA NY 14052**

Policy Number

CAP1554288

Effective Date **Expiration Date** 03/01/2019 03/01/2020

12:01 a.m.

12:01 a.m.

6

(Not acceptable to obtain registration after 45 days from effective date.)

Applicable with respect to the following Motor Vehicle-

2008 Year

CHEVY Make

1GBDV13W08D131124

Seats Vehicle Identification Number

THIS ID CARD MUST BE CARRIED IN THE INSURED VEHICLE FOR PRODUCTION UPON DEMAND

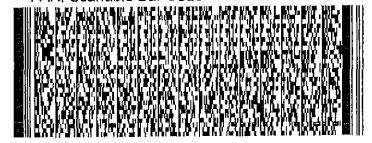
WARNING: Any person who issues or produces an ID card knowing that an Owner's Policy of Insurance is not in effect may be committing a misdemeanor. In addition, a person who presents an ID card if insurance is not in effect may be committing a misdemeanor.

The name of the registrant and the name of the insured must coincide.

REPLACEMENT VEHICLE NOTATION: DMV WILL ONLY PROCESS A VEHICLE CHANGE (RE-REGISTRATION) USING THE REPLACED VEHICLE'S CURRENT REGISTRATION.

FH-1

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INSURANCE CERTIFICATE -- FOR HIRE PASSENGER VEHICLE

**GREAT AMERICAN INSURANCE COMP** 

Name & Address of Issuer

GRANDVIEW BROKERAGE CORP 1815-65TH STREET

BROOKLYN, NY 11204
An authorized NEW YORK Insurer certifies that it has Issued
a flability policy complying with Section 370 of the NEW YORK
Vehicle and Traffic Law to:

ABSOLUT; FACILITIES -MANAGEMENT **300 GLEED AVENUE EAST AURORA NY 14062**  Policy Number

CAP1554288

Effective Date 03/01/2019

Expiration Date 03/01/2020

12:01 a.m.

12:01 a.m.

(Not acceptable to obtain registration after 45 days from effective date,)

Applicable with respect to the following Motor Vehicle:

2008

\_\_FORD Make

Year

1FD3E35L38DA04997 Vehicle Identification Number

12 Seels THIS ID CARD MUST BE CARRIED IN THE INSURED VEHICLE FOR PRODUCTION UPON DEMAND

WARNING: Any person who issues or produces an ID card knowing that an Owner's Policy of Insurance is not in effect may be committing a misdemeanor. In addition, a person who presents an ID card if insurance is not in effect may be committing a misdemeanor.

The name of the registrant and the name of the insured must coincide.

REPLACEMENT VEHICLE NOTATION: DMV WILL ONLY PROCESS A VEHICLE CHANGE (RE-REGISTRATION) USING THE REPLACED VEHICLE'S CURRENT REGISTRATION.

FH-1



#### NEW YORK STATE DEPARTMENT OF MOTOR VEHICLES

INSURANCE CERTIFICATE -- FOR HIRE PASSENGER VEHICLE

**GREAT AMERICAN INSURANCE COMP** 

Name & Address of Issuer

**GRANDVIEW BROKERAGE CORP 1815-65TH STREET** 

BROOKLYN, NY 11204 An authorized NEW YORK insurer certifies that it has issued a liability policy complying with Section 370 of the NEW YORK Vehicle and Traffic Law to:

> ABSOLUT; FACILITIES MANAGEMENT **300 GLEED AVENUE EAST AURORA NY 14052**

**Policy Number** 

CAP1554288

Effective Date Expiration Date 03/01/2020 03/01/2019

12:01 a.m.

12:01 a.m.

(Not acceptable to obtain registration after 45 days from effective dete.)

Applicable with respect to the following Motor Vehicle:

2008\_

<u>FORD</u> Make

Year

1FD3E35L38DA04997

Vehicle Identification Number

THIS ID CARD MUST BE CARRIED IN THE INSURED VEHICLE FOR PRODUCTION UPON DEMAND

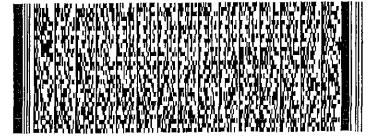
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The name of the registrant and the name of the insured must coincide.

REPLACEMENT VEHICLE NOTATION: DMV WILL ONLY PROCESS A VEHICLE CHANGE (RE-REGISTRATION) USING THE REPLACED VEHICLE'S CURRENT REGISTRATION.

FH-1

FAX: Scanable Bar Code



#### **FAX INSTRUCTIONS:**

12

Seals

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#### 154 GREAT AMERICAN INS CO

Name & Address of Issuer Grandview Brokerage Corp 1815 65th Street Brooklyn, NY 11204

An authorized NEW YORK insurer has issued an Owner's Policy of Liability Insurance complying with Article 6 (Motor Vehicle Financial Security Act) of the NEW YORK Vehicle and Traffic Law to:

**ABSOLUT; FACILITIES MANAGEMENT** 300 GLEED AVE **AURORA NY 14052** 

Policy Number

CAP 3878262-12 Effective Date

08/09/2019

**Expiration Date** 08/09/2020

12:01 a.m. 12:01 a.m

(Not acceptable to obtain registration after 45 days from effective date.) Applicable with respect to the following Motor Vehicle:

2015 Year

TOYOT Make

JTDKN3DUXF0454600

Vehicle Identification Number

THIS ID CARD MUST BE CARRIED IN THE INSURED VEHICLE FOR PRODUCTION UPON DEMAND

WARNING: Any person who issues or produces an ID card knowing that an Owner's Policy of insurance is not in effect may be committing a misdemeanor. In addition, a person who presents an ID card if insurance is not in effect may be committing a misdemeanor.

The name of the registrant and the name of the insured must coincide.

REPLACEMENT VEHICLE NOTATION: DMV WILL ONLY PROCESS A VEHICLE CHANGE (RE-REGISTRATION) USING THE REPLACED VEHICLE'S CURRENT REGISTRATION.





#### **NEW YORK STATE INSURANCE IDENTIFICATION CARD**

#### 154 GREAT AMERICAN INS CO

Name & Address of Issuer Grandview Brokerage Corp 1815 65th Street

Brooklyn, NY 11204

An authorized NEW YORK insurer has issued an Owner's Policy of Liability Insurance complying with Article 6 (Motor Vehicle Financial Security Act) of the NEW YORK Vehicle and Traffic Law to:

> ABSOLUT; FACILITIES **MANAGEMENT** 300 GLEED AVE **AURORA NY 14052**

Policy Number CAP 3878262-12

Effective Date

**Expiration Date** 08/09/2020

08/09/2019

12:01 a.m. 12:01 a.m. (Not acceptable to obtain registration after 45 days from effective date.) Applicable with respect to the following Motor Vehicle:

2015 Year

TOYOT Make

JTDKN3DUXF0454600

Vehicle Identification Number

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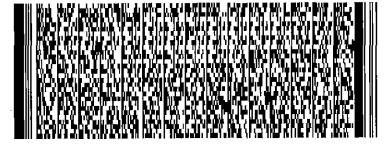
The name of the registrant and the name of the insured must coincide.

REPLACEMENT VEHICLE NOTATION: DMV WILL ONLY PROCESS A VEHICLE CHANGE (RE-REGISTRATION) USING THE REPLACED VEHICLE'S CURRENT REGISTRATION.



FS-20

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#### 154 GREAT AMERICAN INS CO

Name & Address of Issuer Grandview Brokerage Corp 1815 65th Street Brooklyn, NY 11204

An authorized NEW YORK insurer has issued an Owner's Policy of Liability Insurance complying with Article 6 (Motor Vehicle Financial Security Act) of the NEW YORK Vehicle and Traffic Law to:

ABSOLUT; FACILITIES MANAGEMENT 300 GLEED AVE **AURORA NY 14052** 

Policy Number

CAP 3878262-12 Effective Date

08/09/2019

**Expiration Date** 08/09/2020

12;01 a.m 12:01 a.m.

(Not acceptable to obtain registration after 45 days from effective date.) Applicable with respect to the following Motor Vehicle:

2016

TOYOT Make

Year JTDKBRFU1G3510285

Vehicle Identification Number

THIS ID CARD MUST BE CARRIED IN THE INSURED VEHICLE FOR PRODUCTION UPON DEMAND

WARNING: Any person who issues or produces an ID card knowing that an Owner's Policy of insurance is not in effect may be committing a misdemeanor. In addition, a person who presents an ID card if insurance is not in effect may be committing a misdemeanor.

The name of the registrant and the name of the insured must coincide.

REPLACEMENT VEHICLE NOTATION: DMV WILL ONLY PROCESS A VEHICLE CHANGE (RE-REGISTRATION) USING THE REPLACED VEHICLE'S CURRENT REGISTRATION.



FS-20

#### **NEW YORK STATE INSURANCE IDENTIFICATION CARD**

#### 154 GREAT AMERICAN INS CO

Name & Address of Issuer Grandview Brokerage Corp 1815 65th Street Brooklyn, NY 11204

An authorized NEW YORK insurer has issued an Owner's Policy of Liability Insurance complying with Article 6 (Motor Vehicle Financial Security Act) of the NEW YORK Vehicle and Traffic Law to:

ABSOLUT; FACILITIES MANAGEMENT 300 GLEED AVE **AURORA NY 14052** 

Policy Number CAP 3878262-12

**Effective Date** 

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2016 Year

TOYOT Make

JTDKBRFU1G3510285

Vehicle Identification Number

THIS ID CARD MUST BE CARRIED IN THE INSURED VEHICLE FOR PRODUCTION UPON DEMAND

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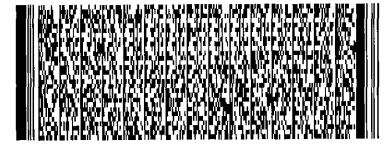
The name of the registrant and the name of the insured must coincide.

REPLACEMENT VEHICLE NOTATION: DMV WILL ONLY PROCESS A VEHICLE. CHANGE (RE-REGISTRATION) USING THE REPLACED VEHICLE'S CURRENT REGISTRATION.



FS-20

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#### 154 GREAT AMERICAN INS CO

Name & Address of Issuer Grandview Brokerage Corp 1815 65th Street Brooklyn, NY 11204

An authorized NEW YORK insurer has issued an Owner's Policy of Liability Insurance complying with Article 6 (Motor Vehicle Financial Security Act) of the NEW YORK Vehicle and Traffic Law to:

> **ABSOLUT; FACILITIES** MANAGEMENT 300 GLEED AVE **AURORA NY 14052**

Policy Number CAP 3878262-12

Effective Date

08/09/2019

**Expiration Date** 08/09/2020

12:01 a.m. 12:01 a.m.

(Not acceptable to obtain registration after 45 days from effective date.) Applicable with respect to the following Motor Vehicle:

2017 Year

NISSA

Make 5N1DR2MM2HC612156

Vehicle Identification Number

THIS ID CARD MUST BE CARRIED IN THE INSURED VEHICLE FOR PRODUCTION UPON DEMAND

WARNING: Any person who issues or produces an ID card knowing that an Owner's Policy of insurance is not in effect may be committing a misdemeanor. In addition, a person who presents an ID card if insurance is not in effect may be committing a misdemeanor.

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REPLACEMENT VEHICLE NOTATION: DMV WILL ONLY PROCESS A VEHICLE CHANGE (RE-REGISTRATION) USING THE REPLACED VEHICLE'S CURRENT REGISTRATION.



FS-20

### **NEW YORK STATE INSURANCE IDENTIFICATION CARD**

#### 154 GREAT AMERICAN INS CO

Name & Address of Issuer Grandview Brokerage Corp

1815 65th Street Brooklyn, NY 11204

An authorized NEW YORK insurer has issued an Owner's Policy of Liability Insurance complying with Article 6 (Motor Vehicle Financial Security Act) of the NEW YORK Vehicle and Traffic Law to:

> ABSOLUT; FACILITIES MANAGEMENT 300 GLEED AVE **AURORA NY 14052**

Policy Number CAP 3878262-12

Effective Date

**Expiration Date** 08/09/2020

08/09/2019 12:01 a.m.

12:01 a.m. (Not acceptable to obtain registration after 45 days from effective date.) Applicable with respect to the following Motor Vehicle:

2017 Year NISSA

Make

5N1DR2MM2HC612156

Vehicle Identification Number

THIS ID CARD MUST BE CARRIED IN THE INSURED VEHICLE FOR PRODUCTION UPON DEMAND

WARNING: Any person who issues or produces an ID card knowing that an Owner's Policy of insurance is not in effect may be committing a misdemeanor. In addition, a person who presents an ID card if insurance is not in effect may be committing a misdemeanor.

The name of the registrant and the name of the insured must coincide.

REPLACEMENT VEHICLE NOTATION: DMV WILL ONLY PROCESS A VEHICLE CHANGE (RE-REGISTRATION) USING THE REPLACED VEHICLE'S CURRENT REGISTRATION.



FS-20

#### FAX: Scanable Bar Code



- 1. The entire page must be faxed.
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- 3. A faxed ID card must be replaced with a scanable ID card within 14 days of the effective date.
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#### 154 GREAT AMERICAN INS CO

Name & Address of Issuer Grandview Brokerage Corp. 1815 65th Street Brooklyn, NY 11204

An authorized NEW YORK insurer has issued an Owner's Policy of Liability Insurance complying with Article 6 (Motor Vehicle Financial Security Act) of the NEW YORK Vehicle and Traffic Law to:

> **ABSOLUT; FACILITIES** MANAGEMENT 300 GLEED AVE **AURORA NY 14052**

Policy Number CAP 3878262-12

Effective Date

08/09/2019 12:01 a.m.

**Expiration Date** 08/09/2020 12:01 a.m.

(Not acceptable to obtain registration after 45 days from effective date.) Applicable with respect to the following Motor Vehicle:

2017

**NISSA** 

Make Year

#### KNMAT2MV9HP572975

Vehicle Identification Number

THIS ID CARD MUST BE CARRIED IN THE INSURED VEHICLE FOR PRODUCTION UPON DEMAND

WARNING: Any person who issues or produces an ID card knowing that an Owner's Policy of insurance is not in effect may be committing a misdemeanor. In addition, a person who presents an ID card if insurance is not in effect may be committing a misdemeanor.

The name of the registrant and the name of the insured must coincide.

REPLACEMENT VEHICLE NOTATION: DMV WILL ONLY PROCESS A VEHICLE CHANGE (RE-REGISTRATION) USING THE REPLACED VEHICLE'S CURRENT REGISTRATION.



FS-20

#### NEW YORK STATE INSURANCE IDENTIFICATION CARD

#### 154 GREAT AMERICAN INS CO

Name & Address of Issuer Grandview Brokerage Corp

1815 65th Street Brooklyn, NY 11204

An authorized NEW YORK insurer has issued an Owner's Policy of Liability Insurance complying with Article 6 (Motor Vehicle Financial Security Act) of the NEW YORK Vehicle and Traffic Law to:

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Effective Date 08/09/2019

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2017

**NISSA** Make

**Expiration Date** 

08/09/2020

Year KNMAT2MV9HP572975

Vehicle Identification Number

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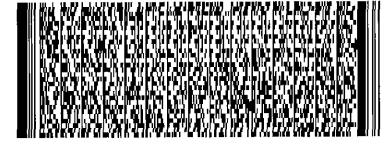
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REPLACEMENT VEHICLE NOTATION: DMV WILL ONLY PROCESS A VEHICLE CHANGE (RE-REGISTRATION) USING THE REPLACED VEHICLE'S CURRENT REGISTRATION.



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Policy Number CAP 3878262-12

Effective Date

08/09/2019

**Expiration Date** 08/09/2020

12:01 a.m. 12:01 a.m.

(Not acceptable to obtain registration after 45 days from effective date.) Applicable with respect to the following Motor Vehicle:

2017 Year

TOYOT

Make JTDKBRFU4H3576007

Vehicle Identification Number

THIS ID CARD MUST BE CARRIED IN THE INSURED VEHICLE FOR PRODUCTION UPON DEMAND

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REPLACEMENT VEHICLE NOTATION: DMV WILL ONLY PROCESS A VEHICLE CHANGE (RE-REGISTRATION) USING THE REPLACED VEHICLE'S CURRENT REGISTRATION.



FS-20

## NEW YORK STATE INSURANCE IDENTIFICATION CARD

#### 154 GREAT AMERICAN INS CO

Name & Address of Issuer Grandview Brokerage Corp 1815 65th Street Brooklyn, NY 11204

An authorized NEW YORK insurer has issued an Owner's Policy of Liability Insurance complying with Article 6 (Motor Vehicle Financial Security Act) of the NEW YORK Vehicle and Traffic Law to:

> **ABSOLUT; FACILITIES** MANAGEMENT 300 GLEED AVE **AURORA NY 14052**

Policy Number CAP 3878262-12

Effective Date 08/09/2019

08/09/2020

**Expiration Date** 

12:01 a.m, 12:01 a.m.

(Not acceptable to obtain registration after 45 days from effective date.) Applicable with respect to the following Motor Vehicle:

2017

TOYOT Make

Year

#### JTDKBRFU4H3576007

Vehicle Identification Number

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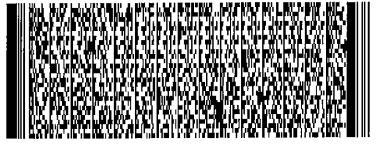
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1815 65th Street Brooklyn, NY 11204

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Policy Number

CAP 3878262-12

Effective Date 08/09/2019

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2017 Year

TOYOT Make

JTDKBRFU4H3576007

Vehicle Identification Number

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The name of the registrant and the name of the insured must coincide.

REPLACEMENT VEHICLE NOTATION: DMV WILL ONLY PROCESS A VEHICLE CHANGE (RE-REGISTRATION) USING THE REPLACED VEHICLE'S CURRENT REGISTRATION.



FS-20

### NEW YORK STATE INSURANCE IDENTIFICATION CARD

#### 154 GREAT AMERICAN INS CO

Name & Address of Issuer Grandview Brokerage Corp 1815 65th Street

Brooklyn, NY 11204

An authorized NEW YORK insurer has issued an Owner's Policy of Liability Insurance complying with Article 6 (Motor Vehicle Financial Security Act) of the NEW YORK Vehicle and Traffic Law to:

ABSOLUT; FACILITIES MANAGEMENT 300 GLEED AVE AURORA NY 14052 Policy Number CAP 3878262-12

Effective Date

08/09/2019 12:01 a.m. Expiration Date 08/09/2020

12:01 a.m. 12:01 a.m. (Not acceptable to obtain registration after 45 days from effective date.)

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Applicable with respect to the following
Motor Vehicle:

2017 Year TOYOT Make

JTDKBRFU4H3576007

Vehicle Identification Number

THIS ID CARD MUST BE CARRIED IN THE INSURED VEHICLE FOR PRODUCTION UPON DEMAND

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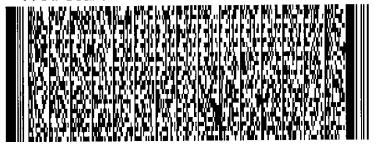
The name of the registrant and the name of the insured must coincide.

REPLACEMENT VEHICLE NOTATION: DMV WILL ONLY PROCESS A VEHICLE CHANGE (RE-REGISTRATION) USING THE REPLACED VEHICLE'S CURRENT REGISTRATION.



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#### 154 GREAT AMERICAN INS CO

Name & Address of Issuer Grandview Brokerage Corp 1815 65th Street Brooklyn, NY 11204

An aulhorized NEW YORK insurer has issued an Owner's Policy of Liability Insurance complying with Article 6 (Motor Vehicle Financial Security Act) of the NEW YORK Vehicle and Traffic Law to:

> ABSOLUT; FACILITIES **MANAGEMENT** 300 GLEED AVE **AURORA NY 14052**

Policy Number CAP 3878262-12

Effective Date

08/09/2019

**Expiration Date** 08/09/2020

12:01 a.m.

12:01 a.m. (Not acceptable to obtain registration after 45 days from effective date.)

Applicable with respect to the following

2017

TOYOT

Year

Make JTDKBRFU3H3026166

Vehicle Identification Number

THIS ID CARD MUST BE CARRIED IN THE INSURED VEHICLE FOR PRODUCTION UPON DEMAND

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The name of the registrant and the name of the insured must coincide.

REPLACEMENT VEHICLE NOTATION: DMV WILL ONLY PROCESS A VEHICLE CHANGE (RE-REGISTRATION) USING THE REPLACED VEHICLE'S CURRENT REGISTRATION.



FS-20

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#### 154 GREAT AMERICAN INS CO

Name & Address of Issuer Grandview Brokerage Corp 1815 65th Street Brooklyn, NY 11204

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Policy Number CAP 3878262-12

Effective Date

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2017 Year

TOYOT Make

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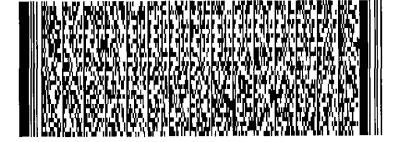
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1815 65th Street Brooklyn, NY 11204

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Policy Number

CAP 3878262-12 Effective Date

08/09/2019

08/09/2020

**Expiration Date** 

12:01 a.m. 12:01 a.m

(Not acceptable to obtain registration after 45 days from effective date.) Applicable with respect to the following Motor Vehicle:

2015 Year

TOYOT Make

JTDKN3DU4F0456620

Vehicle Identification Number

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# **NEW YORK STATE INSURANCE IDENTIFICATION CARD**

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Policy Number CAP 3878262-12

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08/09/2019

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2015 Year

TOYOT Make

JTDKN3DU4F0456620

Vehicle Identification Number

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Policy Number CAP 3878262-12

Effective Date

08/09/2019

08/09/2020

Expiration Date

12:01 a.m. 12:01 a.m. (Not acceptable to obtain registration after 45 days from effective date.)

Applicable with respect to the following Motor Vehicle: 2017 TOYOT

Year

Make

JTDKBRFU5H3039114

Vehicle Identification Number

THIS ID CARD MUST BE CARRIED IN THE INSURED VEHICLE FOR PRODUCTION UPON DEMAND

WARNING: Any person who issues or produces an ID card knowing that an Owner's Policy of insurance is not in effect may be committing a misdemeanor. In addition, a person who presents an ID card if insurance is not in effect may be committing a misdemeanor.

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REPLACEMENT VEHICLE NOTATION: DMV WILL ONLY PROCESS A VEHICLE CHANGE (RE-REGISTRATION) USING THE REPLACED VEHICLE'S CURRENT REGISTRATION



FS-20

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ABSOLUT; FACILITIES MANAGEMENT **300 GLEED AVE AURORA NY 14052** 

Policy Number

CAP 3878262-12 Effective Date

08/09/2019

**Expiration Date** 08/09/2020

12:01 a,m. 12:01 a.m. (Not acceptable to obtain registration

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2018 Year TOYOT Make

JTDKDTB36J1620126

Vehicle Identification Number

THIS ID CARD MUST BE CARRIED IN THE INSURED VEHICLE FOR PRODUCTION UPON DEMAND

WARNING: Any person who issues or produces an ID card knowing that an Owner's Policy of insurance is not in effect may be committing a misdemeanor. In addition, a person who presents an ID card if insurance is not in effect may be committing a misdemeanor,

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**Expiration Date** 

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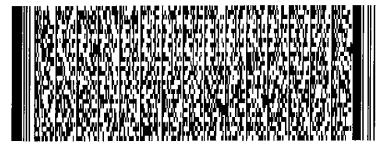
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Policy Number

CAP 3878262-12 Effective Date

08/09/2019

08/09/2020

**Expiration Date** 

12:01 a,m, 12:01 a.m.

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2019 Year

CHEVR Make

1GNERFKW9KJ218832

Vehicle Identification Number

THIS ID CARD MUST BE CARRIED IN THE INSURED VEHICLE FOR PRODUCTION UPON DEMAND

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**CHEVR** 

Make

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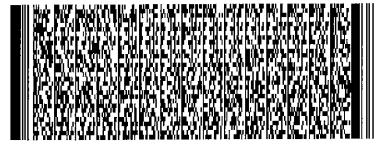
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1815 65th Street Brooklyn, NY 11204

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CAP 3878262-12 Effective Date

08/09/2019

08/09/2020

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2016

TOYOT

Year Make
JTDKBRFU5G3511214

Vehicle Identification Number

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12:01 a.m.

**Expiration Date** 

(Not acceptable to obtain registration after 45 days from effective date.)
Applicable with respect to the following Motor Vehicle:

**2016** Year TOYOT Make

JTDKBRFU5G3511214

Vehicle Identification Number

THIS ID CARD MUST BE CARRIED IN THE INSURED VEHICLE FOR PRODUCTION UPON DEMAND

WARNING: Any person who issues or produces an ID card knowing that an Owner's Policy of insurance is not in effect may be committing a misdemeanor. In addition, a person who presents an ID card if insurance is not in effect may be committing a misdemeanor.

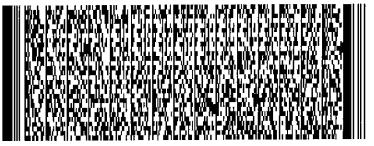
The name of the registrant and the name of the insured must coincide.

REPLACEMENT VEHICLE NOTATION: DMV WILL ONLY PROCESS A VEHICLE CHANGE (RE-REGISTRATION) USING THE REPLACED VEHICLE'S CURRENT REGISTRATION.



FS-20

## FAX: Scanable Bar Code



- 1. The entire page must be faxed.
- 2. If submitted to DMV, either the entire page or the second ID card and large scanable bar code will be retained
- A faxed fD card must be replaced with a scanable ID card within 14 days of the effective date.
- DMV will not accept a faxed ID card without a scanable barcode



BKOHN

# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 9/10/2019

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER, THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s)

Absolut Facilities Management 300 Gleed Avenue East Aurora, NY 14052-2983    INSURER C :   INSURER D :   INSURER E :   INSURER F :	WHICH THIS
Absolut Facilities Management 300 Gleed Avenue East Aurora, NY 14052-2983    INSURER D :   INSURER E :   INSURER F :	DLICY PERIOD D WHICH THIS
Absolut Facilities Management 300 Gleed Avenue East Aurora, NY 14052-2983    INSURER C :   INSURER D :   INSURER E :   INSURER F :	WHICH THIS
300 Gleed Avenue East Aurora, NY 14052-2983  INSURER D: INSURER E: INSURER F:  COVERAGES  CERTIFICATE NUMBER:  THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICIATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALI EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.  NSR  TYPE OF INSURANCE  ADDI SURP POLICY NUMBER  COMMERCIAL GENERAL LIABILITY  COMMERCIAL GENERAL LIABILITY  CLAIMS-MADE  OCCUR  INSURER D:	WHICH THIS
East Aurora, NY 14052-2983    INSURER E :	WHICH THIS
INSURER F:  COVERAGES  CERTIFICATE NUMBER:  THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICIES. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO ALI EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.  NSR TYPE OF INSURANCE  ADDI. SUBR WYD  POLICY NUMBER  COMMERCIAL GENERAL LIABILITY  CLAIMS-MADE  OCCUR  OCCUR  CERTIFICATE NUMBER:  REVISION NUMBER:  REVISION NUMBER:  REVISION NUMBER:  REVISION NUMBER:  REVISION NUMBER:  REVISION NUMBER:  REVISION NUMBER:  REVISION NUMBER ON THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALI EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.  NSR TYPE OF INSURANCE  ADDI. SUBR WYD  POLICY EFF.  (MM/IDD/YYYY)  MM/IDD/YYYY)  LIMITS  EACH OCCURRENCE  \$ DAMAGE TO RENTED PREMISES (Ea OCCURRENCE)  \$ PREMISES (Ea OCCURRENCE)  \$ PREMISES (Ea OCCURRENCE)  \$ PREMISES (Ea OCCURRENCE)  \$ PREMISES (Ea OCCURRENCE)  **EVISION NUMBER:  **EV	WHICH THIS
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OTHER:	
AUTOMOBILE LIABILITY  COMBINED SINGLE LIMIT (Ea accident) \$	
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HIRED AUTOS ONLY NON-OWNED AUTOS ONLY PROPERTY DAMAGE (Per accident) \$	
S S	
UMBRELLA LIAB OCCUR EACH OCCURRENCE \$	
EXCESS LIAB CLAIMS-MADE S	
DED RETENTION\$	
WORKERS COMPENSATION AND EMPLOYERS' LIABILITY VAN	
ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)  E.L. EACH ACCIDENT  S  E.L. DISEASE - EA EMPLOYEE \$	
(Mandatory in NH)  E.L. DISEASE - EA EMPLOYEE \$	
If yes, describe under DESCRIPTION OF OPERATIONS below E.L. DISEASE - POLICY LIMIT \$	
A Directors & Officers 8243-6187 8/24/2019 8/24/2020 Limit	1,000,00

ACORD 25 (2016/03)

ACORD'

#### ABSOFAC-01

BKOHN

# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 9/10/2019

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	certificate does not confer rights to				uch enc	lorsement(s)		y require an endorsemer	п. А \$	icatement on
PRODU					CONTA NAME:			Terv		
	lview Brokerage Corp 65th Street				PHONE (A/C, No	o, Ext): ( / 10) 🔻	333-1155	FAX (A/C, No):		
Brook	iyn, NY 11204				E-MAIL ADDRE	SS:				1
								RDING COVERAGE		NAIC#
					INSURE	RA: Execut	ive Ri <u>sk In</u>	demnity INC		35181
INSURI	D Absolut Center for Nursing a	and I	Paha	hilitation at Allocany	INSURE	RB:		<del></del>		
	LLC	1114	tena	bilitation at Allegany,	INSURE			<del>.</del>		
	2178 North Fifth Street				INSURE			<u>-</u> -		
	Allegany, NY 14706				INSURE					
					INSURE	RF:		REVISION NUMBER:		1
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ם א	irectors & Officers			8243-6125		8/24/2019	8/24/2020	Limit		1,000,000
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ACORD 25 (2016/03)

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# ABSOFAC-01

**BKOHN** 

# **CERTIFICATE OF LIABILITY INSURANCE**

DATE (MM/DD/YYYY) 9/10/2019

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS

В	ERTIFICATE DOES NOT AFFIRMAT ELOW. THIS CERTIFICATE OF IN EPRESENTATIVE OR PRODUCER, A	SURA	ANCE	DOES NOT CONSTITU	TE A	CONTRACT	BETWEEN	THE ISSUING	INSURER(	S), Al	THORIZED
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Grai	idview Brokerage Corp				PHONE (A/C No	o, Ext): (718) 3	33-1155	<u> </u>	FAX (A/C, No):		
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	292 Main Street				INSURE	-					<del>-</del> -
	East Aurora, NY 14052				INSURE	·					
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	ANY PROPRIETOR/PARTNER/EXECUTIVE							E.L. EACH ACCID	ENT	\$	
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	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - PO	DLICY LIMIT	\$	
A	Directors & Officers			8243-6134		8/24/2019	8/24/2020	Limit			1,000,000
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_ <u>- =</u>	Absolut Center for Nursing LLC 292 Main Street	and l	Reha	bilitation at Aurora Park,	ACC	E EXPIRATION CORDANCE WI	N DATE TH	ESCRIBED POLI IEREOF, NOTIC CY PROVISIONS.	CE WILL I	ANCEL BE DE	LED BEFORE LIVERED IN
	East Aurora, NY 14052					RIZED REPRESE					
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ACORD 25 (2016/03)

**BKOHN** 

DATE (MM/DD/YYYY)

# CERTIFICATE OF LIABILITY INSURANCE

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ACORD 25 (2016/03)

CORL

# ABSOFAC-01

**BKOHN** 

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DATE (MM/DD/YYYY) 9/10/2019

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(Per accident) HIRED AUTOS ONLY NON-OWNED AUTOS ONLY UMBRELLA LIAB OCCUR **EACH OCCURRENCE EXCESS LIAB** CLAIMS-MADE AGGREGATE DED RETENTION \$ WORKERS COMPENSATION AND EMPLOYERS' LIABILITY PER STATUTE ANY PROPRIETORIPARTNERIEXECUTIVE OFFICERIMEMBER EXCLUDED? (Mandatory In NH) E.L. EACH ACCIDENT N/A E.L. DISEASE - EA EMPLOYE If yes, describe under DESCRIPTION OF OPERATIONS below E.L. DISEASE - POLICY LIMIT 8243-6118 8/24/2020 1,000,000 Directors & Officers 8/24/2019 DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) **CANCELLATION CERTIFICATE HOLDER** SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. Absolut at Orchard Brooke LLC 6060 Armor Road Orchard Park, NY 14127 AUTHORIZED REPRESENTATIVE

ACORD 25 (2016/03)



**BKOHN** 

DATE (MM/DD/YYYY)

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Grand	/iew Brokerage Corp						333-1155	FAX (A/C, No):		
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LŢR	COMMERCIAL GENERAL LIABILITY	INSD	****			(MANISOZITITI)	(MINICOD/1111)	EACH OCCURRENCE	\$	
	CLAIMS-MADE OCCUR							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	
								MED EXP (Any one person)	\$	
								PERSONAL & ADV INJURY	\$	
	EN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$	
	POLICY PRO- LOC							PRODUCTS - COMP/OP AGG	\$	
-	7 — —							FRODGOTG - COMM FOT AGO	\$	·
	OTHER:  TOMOBILE LIABILITY							COMBINED SINGLE LIMIT (Ea accident)	\$	
^"	ANY AUTO							BODILY INJURY (Per person)	\$	_
	OWNED SCHEDULED AUTOS ONLY							BODILY INJURY (Per accident)	\$	_
	HIRED AUTOS ONLY NON-OWNED AUTOS ONLY							PROPERTY DAMAGE (Per accident)	\$	
	AUTOS ONLY AUTOS ONLY							(Fel accident)	\$ \$	_
-	UMBRELLA LIAB OCCUR							EACH OCCURRENCE	\$	·
	EXCESS LIAB CLAIMS-MADE							AGGREGATE	\$	_
	DED RETENTION\$	1 1						71001/2071/L	\$ \$	_
wo	DRKERS COMPENSATION D EMPLOYERS' LIABILITY							PER OTH-	Ψ	
AN	D EMPLOYERS' LIABILITY							E.L. EACH ACCIDENT	<u> </u>	
	Y PROPRIETOR/PARTNER/EXECUTIVE FICER/MEMBER EXCLUDED?	N/A						E.L. DISEASE - EA EMPLOYES		
lf y	es, describe under SCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$ \$	_
	rectors & Officers			8243-6172		8/24/2019	8/24/2020	Limit	φ	1,000,000
						/				
DESCRI	PTION OF OPERATIONS / LOCATIONS / VEHIC	LES (A	CORI	) 101, Additional Remarks Schedul	le, may b	e attached If mor	re space is requi	red)		
CERT	FICATE HOLDER				CANO	ELLATION				
	Absolut Center for Nursing a LLC 6060 Armor Road	and R	eha)	bilitation at Orchard Park	THE	EXPIRATIO	N DATE TH	ESCRIBED POLICIES BE CA IEREOF, NOTICE WILL E CY PROVISIONS.		
1	Orchard Park, NY 14127				AUTHO	RIZED REPRESE	NTATIVE			
					Mil	And Jel	warehed.			'

ACORD 25 (2016/03)



**BKOHN** 

DATE (MM/DD/YYYY)

# CERTIFICATE OF LIABILITY INSURANCE

9/10/2019

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER, THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s). CONTACT NAME: PHONE (A/C, No, Ext): (718) 333-1155 Grandview Brokerage Corp FAX (A/C, No): 1815-65th Street Brooklyn, NY 11204 E-MAIL ADDRESS: INSURER(S) AFFORDING COVERAGE NAIC# INSURER A: Executive Risk Indemnity INC 35181 INSURFO INSURER B: **Absolut Facilities Management** INSURER C: 300 Gleed Avenue INSURER D : East Aurora, NY 14052-2983 INSURER E : INSURER F : **COVERAGES CERTIFICATE NUMBER:** REVISION NUMBER: THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS. ADDL SUBR JNSD WVD POLICY EFF POLICY EXP (MM/DD/YYYY) (MM/DD/YYYY) TYPE OF INSURANCE **POLICY NUMBER COMMERCIAL GENERAL LIABILITY** EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) CLAIMS-MADE OCCUR MED EXP (Any one person) PERSONAL & ADV INJURY GEN'L AGGREGATE LIMIT APPLIES PER: GENERAL AGGREGATE \$ JEC-POLICY PRODUCTS - COMP/OP AGG \$ COMBINED SINGLE LIMIT (Ea accident) **AUTOMOBILE LIABILITY** ANY AUTO BODILY INJURY (Per person) SCHEDULED AUTOS OWNED AUTOS ONLY BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident) HIRED AUTOS ONLY NON-OWNED AUTOS ONLY UMBRELLA LIAB OCCUR EACH OCCURRENCE **EXCESS LIAB** CLAIMS-MADE AGGREGATE DED RETENTION \$ PER STATUTE WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandalory in NH) E.L. EACH ACCIDENT N/A E.L. DISEASE - EA EMPLOYER f yes, describe under DESCRIPTION OF OPERATIONS below E.L. DISEASE - POLICY LIMIT Directors & Officers 8243-6180 8/24/2019 8/24/2020 1,000,000 Limit DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) **CERTIFICATE HOLDER** CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. Absolut Center for Nursing and Rehabilitation at Three Rivers LLC 101 Creekside Drive AUTHORIZED REPRESENTATIVE Painted Post, NY 14870 method behaviored

ACORD 25 (2016/03)



**BKOHN** 

DATE (MM/DD/YYYY)

# CERTIFICATE OF LIABILITY INSURANCE

9/10/2019

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s). Grandview Brokerage Corp PHONE (A/C, No, Ext): (718) 333-1155 1815-65th Street Brooklyn, NY 11204 INSURER(S) AFFORDING COVERAGE NAIC# 35181 INSURER A : Executive Risk Indemnity INC INSURED INSURER B: Absolut Center for Nursing and Rehabilitation at Westfield, INSURER C: 26 Cass Street INSURER D : Westfield, NY 14787 INSURER E : INSURER F : COVERAGES **CERTIFICATE NUMBER: REVISION NUMBER:** THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS. ADDL SUBR INSR LTR POLICY NUMBER LIMITS TYPE OF INSURANCE COMMERCIAL GENERAL LIABILITY EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) CLAIMS-MADE MED EXP (Any one person) PERSONAL & ADV INJURY GEN'L AGGREGATE LIMIT APPLIES PER: GENERAL AGGREGATE PRO-POLICY PRODUCTS - COMP/OP AGG S COMBINED SINGLE LIMIT (Ea accident) AUTOMOBILE LIABILITY ANY AUTO BODILY INJURY (Per person) SCHEDULED AUTOS OWNED AUTOS ONLY BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident) NON-OWNED AUTOS ONLY HIRED AUTOS ONLY UMBRELLA LIAB OCCUR EACH OCCURRENCE EXCESS LIAB CLAIMS-MADE AGGREGATE DED RETENTION \$ WORKERS COMPENSATION AND EMPLOYERS' LIABILITY PER STATUTE ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) E.L. EACH ACCIDENT E.L. DISEASE - EA EMPLOYER f yes, describe under DESCRIPTION OF OPERATIONS below E.L. DISEASE - POLICY LIMIT 1,000,000 8/24/2020 Directors & Officers 8243-6185 8/24/2019 DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) CANCELLATION **CERTIFICATE HOLDER** SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. Absolut Center for Nursing and Rehabilitation at Westfield, LLC 26 Cass Street AUTHORIZED REPRESENTATIVE Westfield, NY 14787

ACORD 25 (2016/03)

From: Ed Sims [ESIMS@tisins.com] Sent: Friday, October 11, 2019 11:40 AM

To: Hoffman, Phil

Cc: Hayli Dunn; Ed Sims

Subject: Absolut Facilities Management, LLC

Phil,

We have received your request to provide a certificate of insurance for Crime Policy # 82234980, along with the completed Attachment B, indicating United States Trustee as Additional Notified Party. We have submitted this request to our Crime insurance carrier and have received the following response.

Additional Notified Party is not a pre-existing form that can be endorsed to the Crime policy. This request will need to be submitted to Federal Insurance Company / Chubb's in house legal department for review, which could take approximately two weeks. We have requested our carrier to begin this process and will advise of their decision as soon as possible.

Regarding the Patient Trust Bonds, Liberty Mutual has advised that they do not believe this request is applicable to surety bonds. However, the request is currently being reviewed to see if this is something they can provide. We will advise of their decision upon receipt.

We are working to do all that we can to comply with this request, and will hopefully have an answer to you soon.

Thank you,

# **Edward B. Sims, CIC**

Chief Executive Officer

TIS Insurance Services, Inc. 1900 N. Winston Road, Suite 100 Knoxville, TN 37919 Learn more at <u>TISins.com</u>

o: 865.470.3710 m: 865.567.3288

f: 865.824.3910

NOTICE: You cannot bind, alter or cancel coverage without speaking to an authorized representative of TIS Insurance Services, Inc. Coverage cannot be bound without written confirmation from an authorized representative of TIS. This email and any files transmitted with it are not encrypted and may contain privileged or other confidential information and is intended solely for the use of the individual or entity to whom they are addressed. If you are not the intended recipient or entity, or believe that you may have received this email in error, please reply to the sender indicating that fact and delete the copy you received. In addition, you should not print, copy, retransmit, disseminate, or otherwise use this information. Thank you.



October 21, 2019

# To whom it may concern:

We are in the process of converting accounts enumerated in the September 11, 2019 notice for Absolute Facilities Management LLC, et al #19-76260 to "Debtor in Posession".

TITLE	NUMBER	TIN
ABSOLUT AT ALLEGANY LLC		208467875
ABSOLUT AT AURORA PARK LL		208468266
ABSOLUT AT GASPORT LLC		208468080
ABSOLUT AT GASPORT, LLC		208468080
ABSOLUT AT GASPORT, LLC		208468080
ABSOLUT AT ORCHARD PARK L		208468300
ABSOLUT AT THREE RIVERS L		208468133
ABSOLUT AT THREE RIVERS L		208468133
ABSOLUT AT THREE RIVERS L		208468133
ABSOLUT AT WESTFIELD LLC		208467924
ABSOLUT FACILITIES MANAGE		208471412
ABSOLUT FACILITIES MANAGE		208471412
ABSOLUT FACILITIES MANAGE		208471412
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ABSOLUT FACILITIES MANAGE		208471412
ABSOLUT FACILITIES MANAGE		208471412
ABSOLUT FACILITIES MANAGE		208471412

Our Account Services area has an anticipated completion date of end of business October 25, 2019.

Sincerely.

Michael J. Wald

Banking Officer | Senior Relationship Liaison

One Fountain Plaza 12th Floor

Buffalo, NY 14203

716-848-7354 mwald@mtb.com

In re	Absolut Facilities Management, LLC, et al.	Case No.	19-76260 (AST) (Jointly Administered)
	Debtor		
	CASH FLOW PROJECTIONS FOR THE 12 MONTH PERIOD:		through

This schedule must be filed with the Court and a copy submitted to the United States Trustee within 20 days after the order for relief. Amended cash flow projections should be submitted as necessary.

	N (1	1.4.4	N. d	3.6 .1	3.43		1.4 .1	<u> </u>	1 ,				or
	Month	Month	Month	Month	Month	Month	Month	Month	Month	Month	Month	Month	Total
Cash Beginning of Month													
RECEIPTS													
CASH SALES													
ACCOUNTS RECEIVABLE													
LOANS AND ADVANCES													
SALE OF ASSETS													
OTHER (ATTACH LIST)													
TOTAL RECEIPTS		·											
DISBURSEMENTS													
NET PAYROLL	<b> </b>					I							
PAYROLL TAXES										,			
SALES, USE, AND OTHER TAXES													
INVENTORY PURCHASES													
SECURED/ RENTAL/ LEASES													
INSURANCE													
ADMINISTRATIVE & SELLING													
OTHER (ATTACH LIST)													
PROFESSIONAL FEES								<b>1</b>					
U.S. TRUSTEE FEES													
COURT COSTS													
TOTAL DISBURSEMENTS													***************************************
NET CASH FLOW (RECEIPTS LESS DISBURSEMENTS)													
				y aniviria									
Cash End of Month													

See attached forms.

Absolut Facilities Management Cash Projection - Consolidated														
Week Ended:	1 <u>10/18/19</u>	2 <u>10/25/19</u>	3 <u>11/01/19</u>	4 11/08/19	5 <u>11/15/19</u>	6 <u>11/22/19</u>	7 <u>11/29/19</u>	8 <u>12/06/19</u>	9 <u>12/13/19</u>	10 <u>12/20/19</u>	11 <u>12/27/19</u>	12 <u>01/03/20</u>	13 <u>01/10/20</u>	10/18/19 - 01/10/20 TOTAL
Opening Cash Balance	\$ 1,870,730	\$ 1,432,724	\$ 1,867,779	\$ 1,662,381	\$ 899,251	\$ 57,744	\$ 334,223	\$ 837,553	\$ 52,201	\$ 57,589	\$ 58,069	\$ 265,812	\$ 59,100	\$ 1,870,730
Anticipated D P Funding	-	-	-	-	(720,000)	(99,000)	-	520,000	270,000	(510,000)	(280,000)	1,140,000	290,000	611,000
Receipts														
Medicare	\$ 54,424	\$ 509,324	\$ -	\$ -	\$ 54,424	\$ -	\$ 454,900	\$ -	\$ 54,424	\$ -	\$ 454,900	\$ -	\$ 54,424	1,636,820
Medicaid	518,819	395,273	183,502	341,288	378,788	378,788	283,688	358,616	378,788	378,788	317,488	358,616	378,788	4,651,230
Insurance, Self Pay	764,854	1,058,628	1,036,278	718,860	946,841	1,058,644	1,009,578	739,032	894,680	1,058,644	925,778	689,032	860,680	11,761,527
Miscellaneous	(119 548)	(147 238)	(25 000)	-	-	-	-	-	-	-	-	-	-	(291 786)
Total Receipts	1,218,549	1,815,987	1,194,780	1,060,148	1,380,053	1,437,432	1,748,166	1,097,648	1,327,892	1,437,432	1,698,166	1,047,648	1,293,892	17,757,791
Disbursements														
Payroll/ Taxes	809,262	691,535	697,759	703,982	710,205	716,429	716,429	716,429	716,429	716,429	716,429	716,429	716,429	9,344,178
Insurance	95,221	-	93,005	108,020	-	-	93,005	108,020		-	93,005	108,020	-	698,296
Pharmacy	28,301	28,301	28,301	28,301	28,301	28,301	28,301	28,301	28,301	28,301	28,301	28,301	28,301	367,913
Utilities	72,968	· -		· -	72,968	-	-		55,468	-	· -	· -	72,331	273,735
Food	31,520	31,520	31,520	31,520	31,520	31,520	31,520	31,520	31,520	31,520	31,520	31,520	31,520	409,760
Supplies	36,358	36,358	36,358	36,358	36,358	36,358	36,358	36,358	36,358	36,358	36,358	36,358	36,358	472,654
Vendors	111,413	111,413	111,413	111,413	111,413	111,413	111,413	111,413	111,413	111,413	111,413	111,413	111,413	1,448,369
Assessment (paid monthly - 15th)	202,904	· -		· -	246,643		· -		238,863	· -	· -	· <u>-</u>	238,863	927,273
Back Office Support - Payroll	123,968	_	123,968	_	98.636	-	98.636	_	98.636	_	98,636	-	98,636	741,118
Back Office Support-Rent/Phone/Con Svc/Other	19,639	3,710	19,639	3.710	15,515	2,931	15,515	2,931	15,515	2,931	15,515	2,931	15,515	135,999
Rent	-	300,000	-	799,974	-	-	-	799,974	-	-	-	799,974	-	2,699,922
Medical Claims Funding	125,000	· -	-	· -	125,000	-	_		125,000	_	-	· <u>-</u>	125,000	500,000
Capital Lease on AP Renovation	-	-	79,245	-	-	-	79,245	-	-	-	79,245	-	-	237,736
Total Operating Disbursements	1,656,555	1,202,837	1,221,209	1,823,278	1,476,560	926,952	1,210,423	1,834,946	1,457,504	926,952	1,210,423	1,834,946	1,474,367	18,256,954
Operating Cash Flow	(438,006)	613,150	(26,429)	(763,130)	(96,507)	510,480	537,743	(737,298)		510,480	487,743	(787,298)	(180,475)	
Operating Cash Flow	(400,000)		(20,420)	(100,100)	(00,007)	010,400	001,140	(101,200)	(120,012)	010,400	401,140	(101,200)	(100,470)	(400,100)
Utility Deposit - All Buildings	-	61,000	-	-	-	-	-	-	-	-	-	-	-	61,000
First day Relief	-	81,095	-	-	-	-	-	-	-	-	-	-	-	81,095
Debtor	-	-	-	-	-	-	-	439,000	-	-	-	400,000	-	839,000
Ombudsman	-	-	-	-	-	-	-	50,000	-	-	-	50,000	-	100,000
Lender	-	-	135,000	-	-	135,000	-	-	110,000	-	-	-	110,000	490,000
UCC	-	-	-	-	-	-	-	75,000	-	-	-	75,000	-	150,000
Chapter 11 Fees	-	36,000	-	-	-	-	-	-	-	-	-	-	-	36,000
Adequate Protection	-	-	34,413				34,413	-	-	-	-	34,413		103,240
DIP Interest & Fees	-	-	9,555	-	25,000	-	-	4,053	25,000	-	-	-	-	63,608
Total Restructuring Disbursements	-	178,095	178,968	-	25,000	135,000	34,413	568,053	135,000	-	-	559,413	110,000	1,923,943
Cash Flow	(438,006)	435,055	(205,397)	(763,130)	(121,507)	375,480	503,330	(1,305,351)	(264,612)	510,480	487,743	(1,346,712)	(290,475)	(2,423,106)
Beginning Cash Balance Cash Flow Borrowing / (Repayment)	\$ 1,870,730 (438,006)	\$ 1,432,724 435,055 - \$ 1,867,779	(205,397)	(763,130)	\$ 899,251 (121,507) (720,000) \$ 57,744	375,480 (99,000)	503,330	\$ 837,553 (1,305,351) 520,000 \$ 52,201	(264,612) 270,000	\$ 57,589 510,480 (510,000) \$ 58,069	487,743 (280,000)	\$ 265,812 (1,346,712) 1,140,000 \$ 59,100	(290,475) 290,000	(2,423,106) 611,000
Ending Cash Balance	φ 1,432,724	φ 1,007,779	φ 1,002,361	\$ 899,251	\$ 57,744	φ 334,223	\$ 837,553	φ 52,201	φ 31,369	φ 30,009	φ 200,012	φ 59,100	\$ 58,625	φ 30,025
			•											

\$ 1,140,000

Cash Projection - Aurora Park														
	1	2	3	4	5	6	7	8	9	10	11	12	13	
	<u>10/11/19</u>	<u>10/18/19</u>	10/25/19	11/1/19	11/8/19	<u>11/15/19</u>	11/22/19	11/29/19	12/6/19	12/13/19	12/20/19	12/27/19	1/3/20	TOTAL
Incoming Cash:														
Medicare	\$ -	\$ 28.000	\$ 160,000	\$ -	\$ -	\$ 28,000	\$ -	\$ 132,000	\$ -	\$ 28.000	\$ -	\$ 132,000	\$ -	\$ 508,000
Medicaid	192,290	195,629	151.484	106,902	203,788	241,288	241,288	156,488	241,383	241,288	241,288	190.288	241,383	2,644,787
Insurance, Self Pay	115,308	487,370	478,916	360,126	211,598	537,215	496,557	373,926	211,503	537,215	496,557	340,126	211,503	4,857,916
Miscellaneous	-	-	-	-		-	-	-	-	-	-	-		-
	307,598	710,999	790,400	467,028	415,386	806,503	737,845	662,414	452,886	806,503	737,845	662,414	452,886	8,010,703
Outgoing Cook														
Outgoing Cash: Payroll/ Taxes	336,211	330,037	336,260	342,484	348,707	354,930	361,154	361,154	361,154	361,154	361,154	361,154	361,154	4,576,707
Insurances	71,512	-	-	542,404	71,512	-	-	501,154	71,512	-	-	-	71,512	286,048
pharmacy	14,015	14,015	14,015	14,015	14,015	14.015	14.015	14,015	14,015	14.015	14,015	14,015	14,015	182,195
utilities	14,010	27,368	-	-	-	27,368	14,010	14,010	-	27,368	14,010	-	-	82,104
food	14,085	14,085	14,085	14,085	14,085	14,085	14,085	14,085	14,085	14,085	14,085	14,085	14,085	183,105
supplies	15,561	15,561	15,561	15,561	15,561	15,561	15,561	15,561	15,561	15,561	15,561	15,561	15,561	202,293
Vendors	48,976	48,976	48,976	48,976	48,976	48,976	48,976	48,976	48,976	48,976	48,976	48,976	48,976	636,688
Assessment (paid monthly - 15th)	-	70,667	-	-	-	113.863	-	-	-	113,863	-	-	-	298,393
Back Office Support - Payroll	_	40,130	-	40,130	_	40.130	_	40,130	_	40,130	_	40,130	_	240,781
Back Office Support-Rent/Phone/Con Svc/O	1,234	6,533	1,234	6,533	1,234	6,533	1,234	6,533	1,234	6,533	1,234	6,533	1,234	47,836
Rent	, -	, -	, -	-	382,744	, -	´-	· -	382,744	, -	· -	· -	382,744	1,148,232
Capital Lease on AP Renovation	-	-	-	79,245	, -	-	-	79,245	´-	-	-	79,245	-	237,736
·	501,594	567,372	430,131	561,029	896,834	635,461	455,025	579,699	909,281	641,685	455,025	579,699	909,281	8,122,118
Weekly Excess/(Shortfall) Cash	(193,996)	143,627	360,269	(94,002)	(481,448)	171,042	282,820	82,714	(456,395)	164,818	282,820	82,714	(456,395)	(111,414)
Cumulative Excess/(Shortfall) Cash	(193,996)	(50,369)	309,899	215,898	(265,551)	(94,509)	188,311	271,025	(185,371)	(20,553)	262,267	344,981	(111,414)	

Cash Projection - Orchard Park														
	1	2	3	4	5	6	7	8	9	10	11	12	13	
Week of:	<u>10/11/19</u>	<u>10/18/19</u>	<u>10/25/19</u>	<u>11/01/19</u>	<u>11/08/19</u>	<u>11/15/19</u>	<u>11/22/19</u>	<u>11/29/19</u>	<u>12/06/19</u>	<u>12/13/19</u>	12/20/19	<u>12/27/19</u>	01/03/20	TOTAL
Incoming Cash:														
Medicare	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Medicaid	75,533	43,548	90,238	25,000	16,000	16,000	16,000	16,000	16,000	16,000	16,000	16,000	16,000	378,319
Insurance, Self Pay	31,281	76,000	57,000	-	-	-	-	_	-	-	-	-	-	164,281
Miscellaneous	(96,133)	(119,548)	(147,238)	(25,000)	-	-	-	-	-	-	-	-	-	(387,919)
- -	10,681	-	-	-	16,000	16,000	16,000	16,000	16,000	16,000	16,000	16,000	16,000	154,681
Outgoing Cook:														
Outgoing Cash: Payroll/ Taxes	107,894	123,950											_	231,844
Insurances	44,244	123,930	-	-	44,244	-	-	-	44,244	-	-	-	44,244	176,976
	44,244	-	-	-	44,244	-	-	-	44,244	-	-	-		170,970
pharmacy utilities	-	17,500	-	-	-	17,500	-	-	-	-	-	-	-	35,000
food	-	17,500	-	-	-	17,500	-	-	-	-	-	-		33,000
supplies	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Vendors	18,675	-	-	-	-	-	-	-	-	-	-	-		18,675
Assessment (paid monthly - 15th)	10,075	48,904	_	-	-	7,780	-	-	-	-	-	-		56,684
Back Office Support - Payroll	-	25,332	_	25,332	-	7,700	_	_	_	_	_	_		50,664
Back Office Support-Rent/Phone/Con Svc/O		4,124	779	4,124	779	_	_	_	_	_	_	_	_	10,585
Rent	773	7,127	773	-, 12-	110			_	_	_		_	_	-
TOTAL .	171,592	219,810	779	29,456	45,023	25,280	-	-	44,244	-	=	=	44,244	580,428
· · · · · · · · · · · · · · · · · · ·														
Weekly Excess/(Shortfall) Cash	(160,911)	(219,810)	(779)	(29,456)	(29,023)	(9,280)	16,000	16,000	(28,244)	16,000	16,000	16,000	(28,244)	(425,746)
Cumulative Excess/(Shortfall) Cash	(160,911)	(380,721)	(381,500)	(410,956)	(439,978)	(449,258)	(433,258)	(417,258)	(445,502)	(429,502)	(413,502)	(397,502)	(425,746)	

Cash Projection - Three Rivers														
	1	2	3	4	5	6	7	8	9	10	11	12	13	
	10/11/19	10/18/19	10/25/19	11/01/19	11/08/19	11/15/19	11/22/19	11/29/19	12/06/19	12/13/19	12/20/19	12/27/19	01/03/20	TOTAL
Incoming Cash:														
Medicare	\$ -	\$ 12,100	\$ 168,000	\$ -	\$ -	\$ 12.100	\$ -	\$ 155.900	\$ -	\$ 12.100	\$ -	\$ 155,900	\$ -	\$ 516,100
Medicaid	52,270	102,897	51,293	15,000	42,000	42,000	42,000	27,000	33,139	42,000	42,000	27,000	33,139	551,738
Insurance, Self Pay	203,099	39,598	4,621	240,599	213,369	100,495	106,914	147,699	222,230	100,495	106,914	147,699	222,230	1,855,963
Miscellaneous		-				-	-			-	-		-	-
Missingrissus	255,369	154,595	223,914	255,599	255,369	154,595	148,914	330,599	255,369	154,595	148,914	330,599	255,369	2,923,801
Outgoing Cash:														
Payroll/ Taxes	111,381	111,381	111,381	111,381	111,381	111,381	111,381	111,381	111,381	111,381	111,381	111,381	111,381	1,447,953
Insurances	25,838	111,501	111,501	111,301	25,838	111,501	111,501	111,301	25,838	111,501	111,501	111,301	25,838	103,352
pharmacy	4,762	4,762	4,762	4,762	4,762	4,762	4,762	4,762	4,762	4,762	4,762	4,762	4,762	61,906
utilities	4,702	8,108	4,702	4,702	4,702	8,108	4,702	4,702	4,702	8,108	4,702	4,702	4,702	24,324
food	4,854	4,854	4,854	4,854	4,854	4,854	4.854	4.854	4,854	4,854	4,854	4,854	4,854	63,102
supplies	7,004	7,004	7,004	7,004	7,004	7,004	7,004	7,004	7,004	7,004	7,004	7,004	7,004	91,052
Vendors	14,644	14,644	14,644	14,644	14,644	14,644	14,644	14,644	14,644	14,644	14,644	14,644	14,644	190,372
Assessment (paid monthly - 15th)	14,044	28,667	14,044	14,044	14,044	43,000	14,044	14,044	14,044	43,000	14,044	14,044	14,044	114,667
Back Office Support - Payroll	_	15,049	_	15,049	_	15,049	_	15,049	_	15,049	_	15,049	_	90,292
Back Office Support-Rent/Phone/Con Svc/Otl		2,450	463	2,450	463	2,450	463	2,450	463	2,450	463	2,450	463	17,939
Rent	100	2,100	100	2, 100	161,513	2, 100	100	2,100	161,513	2, 100	100	2, 100	161,513	484,539
Tone	168,946	196,918	143,108	160,144	330,459	211,252	143,108	160,144	330,459	211,252	143,108	160,144	330,459	2,689,498
Washin France ((Chamfall) Cash	00.400	(40.000)	00.000	05.450	(7E 000\)	(EC CEC)	F 000	170 150	(7E 000)	(EC CEC)	F 000	170 450	(7E 000)	224 202
Weekly Excess/(Shortfall) Cash	86,423	(42,323)	80,806	95,456	(75,090)	(56,656)	5,806	170,456	(75,090)	(56,656)	5,806	170,456	(75,090)	234,303
Cumulative Excess/(Shortfall) Cash	86,423	44,101	124,906	220,362	145,272	88,616	94,422	264,877	189,788	133,132	138,937	309,393	234,303	

Cash Projection - Westfield														
	1	2	3	4	5	6	7	8	9	10	11	12	13	
	<u>10/11/19</u>	<u>10/18/19</u>	<u>10/25/19</u>	<u>11/01/19</u>	<u>11/08/19</u>	<u>11/15/19</u>	11/22/19	<u>11/29/19</u>	<u>12/06/19</u>	<u>12/13/19</u>	<u>12/20/19</u>	<u>12/27/19</u>	01/03/20	TOTAL
Incoming Cash:														
Medicare	\$ -	\$ 10,100	\$ 103,600	\$ -	\$ -	\$ 10,100	\$ -	\$ 93,500	\$ -	\$ 10,100	\$ -	\$ 93,500	\$ -	\$ 320,900
Medicaid	34,103	32,893	52,425	20,000	43,000	43,000	43,000	45,000	39,769	43,000	43,000	45,000	39,769	523,959
Insurance, Self Pay	45,767	44,261	336,862	187,467	36,870	34,154	256,387	262,467	40,101	34,154	256,387	262,467	40,101	1,837,450
Miscellaneous	-	-	=	-	-	-	=	=	-	-	=	=	-	-
	79,870	87,254	492,887	207,467	79,870	87,254	299,387	400,967	79,870	87,254	299,387	400,967	79,870	2,682,309
Outgoing Cash:														
Payroll/ Taxes	99,809	99,809	99,809	99,809	99,809	99,809	99,809	99,809	99,809	99,809	99,809	99,809	99,809	1,297,517
Insurances	23,350	,	,	,	23,350	,	,	,	23,350	,	,	,	23,350	93,400
pharmacy	4,762	4,762	4,762	4,762	4,762	4,762	4,762	4.762	4,762	4,762	4,762	4,762	4,762	61,906
utilities	, -	5,956	, -	, -	,	5,956	, -	,	, -	5,956	, -	, -	, -	17,868
food	4,777	4,777	4,777	4,777	4,777	4,777	4,777	4,777	4,777	4,777	4,777	4,777	4,777	62,101
supplies	5,431	5,431	5,431	5,431	5,431	5,431	5,431	5,431	5,431	5,431	5,431	5,431	5,431	70,603
Vendors	16,208	16,208	16,208	16,208	16,208	16,208	16,208	16,208	16,208	16,208	16,208	16,208	16,208	210,704
Assessment (paid monthly - 15th)	-	26,667				40,000				40,000				106,667
Back Office Support - Payroll	-	15,049	-	15,049	-	15,049	-	15,049	-	15,049	-	15,049	-	90,292
Back Office Support-Rent/Phone/Con Svc/O	463	2,450	463	2,450	463	2,450	463	2,450	463	2,450	463	2,450	463	17,939
Rent				-	88,483			=	88,483				88,483	265,449
	154,800	181,108	131,450	148,486	243,283	194,442	131,450	148,486	243,283	194,442	131,450	148,486	243,283	2,294,446
Weekly Excess/(Shortfall) Cash	(74,930)	(93,854)	361,438	58,982	(163,413)	(107,187)	167,938	252,482	(163,413)	(107,187)	167,938	252,482	(163,413)	387,863
Cumulative Excess/(Shortfall) Cash	(74,930)	(168,783)	192,654	251,636	88,224	(18,963)	148,974	401,456	238,044	130,856	298,794	551,276	387,863	

Cash Projection - Allegany														
	1	2	3	4	5	6	7	8	9	10	11	12	13	
	10/11/19	10/18/19	10/25/19	11/01/19	11/08/19	<u>11/15/19</u>	11/22/19	11/29/19	12/06/19	12/13/19	12/20/19	12/27/19	01/03/20	TOTAL
Incoming Cash:														
Medicare		\$ 700	\$ 49,200			\$ 700		\$ 48,500		\$ 700		\$ 48,500		\$ 148,300
Medicaid	8,047	58,188	10,990	1,600	8,500	8,500	8,500	7,200	6,422	8,500	8,500	7,200	6,422	148,569
Insurance, Self Pay	10,487	20,563	56,653	55,857	10,034	70,251	59,843	50,257	12,112	70,251	59,843	50,257	12,112	538,523
Miscellaneous	0	0	0	0	0	0	0	0	0	0	0	0	0	0
<u>-</u>	18,534	79,451	116,843	57,457	18,534	79,451	68,343	105,957	18,534	79,451	68,343	105,957	18,534	835,392
Outroling Ocella														
Outgoing Cash:	07.000	07.000	07.000	07.000	07.000	07.000	07.000	07.000	07.000	07.000	07.000	07.000	07.000	404 700
Payroll/ Taxes	37,830	37,830	37,830	37,830	37,830	37,830	37,830	37,830	37,830	37,830	37,830	37,830	37,830	491,790
Insurances	7,964				7,964				7,964				7,964	31,856
pharmacy	1,468	1,468	1,468	1,468	1,468	1,468	1,468	1,468	1,468	1,468	1,468	1,468	1,468	19,084
utilities		2,892				2,892				2,892				8,676
food	1,613	1,613	1,613	1,613	1,613	1,613	1,613	1,613	1,613	1,613	1,613	1,613	1,613	20,969
supplies	1,853	1,853	1,853	1,853	1,853	1,853	1,853	1,853	1,853	1,853	1,853	1,853	1,853	24,089
Vendors	5,920	5,920	5,920	5,920	5,920	5,920	5,920	5,920	5,920	5,920	5,920	5,920	5,920	76,960
Assessment (paid monthly - 15th)		9,333				14,000				14,000				37,333
Back Office Support - Payroll	0	4,640	0	4,640	0	4,640	0	4,640	0	4,640	0	4,640	0	27,841
Back Office Support-Rent/Phone/Con Svc/O	143	755	143	755	143	755	143	755	143	755	143	755	143	5,531
Rent				0	47,196			0	47,196				47,196	141,588
- -	56,791	66,305	48,827	54,080	103,987	70,972	48,827	54,080	103,987	70,972	48,827	54,080	103,987	885,717
_														
Weekly Excess/(Shortfall) Cash	(38,256)	13,147	68,016	3,377	(85,452)	8,480	19,516	51,877	(85,452)	8,480	19,516	51,877	(85,452)	(50,325)
Cumulative Excess/(Shortfall) Cash	(38,256)	(25,110)	42,907	46,284	(39,168)	(30,688)	(11,172)	40,706	(44,747)	(36,267)	(16,750)	35,127	(50,325)	

Cash Projection - Gasport														
	1	2	3	4	5	6	7	8	9	10	11	12	13	
	<u>10/11/19</u>	<u>10/18/19</u>	<u>10/25/19</u>	<u>11/01/19</u>	11/08/19	<u>11/15/19</u>	11/22/19	11/29/19	<u>12/06/19</u>	<u>12/13/19</u>	12/20/19	<u>12/27/19</u>	01/03/20	TOTAL
Incoming Cash:														
Medicare		\$ 3,524	\$ 28,524			\$ 3,524		\$ 25,000		\$ 3,524		\$ 25,000		\$ 89,096
Medicaid	66,966	85,664	38,843	15,000	28,000	28,000	28,000	32,000	21,903	28,000	28,000	32,000	21,903	454,279
Insurance, Self Pay	70,466	82,864	95,427	121,757	109,432	140,528	109,794	104,757	115,529	140,528	109,794	104,757	115,529	1,421,160
Miscellaneous	0	0	0	0	0	0	0	0	0	0	0	0	0	-
_	137,432	172,052	162,794	136,757	137,432	172,052	137,794	161,757	137,432	172,052	137,794	161,757	137,432	1,964,535
Outrains Cash														
Outgoing Cash:	82,132	82,132	82,132	82,132	82,132	82,132	82,132	82,132	82,132	82,132	82,132	82,132	82,132	1,067,716
Payroll/ Taxes Insurances	17,489	02,132	02,132	02,132	17,489	02,132	02,132	02,132	17,489	02,132	02,132	02, 132	17,489	69,956
pharmacy	3,294	3,294	3,294	3,294	3,294	3,294	3,294	3,294	3,294	3,294	3,294	3,294	3,294	42,822
utilities	3,294	5,29 <del>4</del> 5,616	3,294	3,294	3,294	5,29 <del>4</del> 5,616	3,294	3,294	3,294	5,29 <del>4</del> 5,616	3,294	3,294	3,294	16,848
food	3,172	3,172	3.172	3,172	3,172	3,172	3,172	3,172	3,172	3,172	3,172	3,172	3,172	41,236
supplies	3,528	3,528	3,528	3,528	3,528	3,528	3,528	3,528	3,528	3,528	3,528	3,528	3,528	45,864
Vendors	15,227	15,227	15,227	15,227	15,227	15,227	15,227	15,227	15,227	15,227	15,227	15,227	15,227	197,951
Assessment (paid monthly - 15th)	0	18,667	10,221	10,221	10,221	28,000	10,221	10,221	10,221	28,000	10,221	10,221	10,221	74,667
Back Office Support - Payroll	0	12,103	0	12,103	0	12,103	0	12,103	0	12,103	0	12,103	0	72,618
Back Office Support-Rent/Phone/Con Svc/O	320	1,694	320	1,694	320	1,694	320	1,694	320	1,694	320	1,694	320	12,407
Rent		,		0	46,208	,		0	46,208	,		,	46,208	138,624
	125,162	145,433	107,673	121,150	171,370	154,766	107,673	121,150	171,370	154,766	107,673	121,150	171,370	1,780,708
Weekly Excess/(Shortfall) Cash	12,270	26,619	55,121	15,606	(33,938)	17,286	30,121	40,606	(33,938)	17,286	30,121	40,606	(33,938)	183,827
Cumulative Excess/(Shortfall) Cash	12,270	38,889	94,010	109,616	75,678	92,963	123,084	163,691	129,752	147,038	177,159	217,765	183,827	